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**UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK**

In re:

PURDUE PHARMA L.P., et al.,

Debtors.¹

Chapter 11

Case No. 19-23649 (RDD)

(Jointly Administered)

DECLARATION OF REBECCA M.S. BUSCH, MBA

¹ The Debtors in these cases, along with the last four digits of each Debtor's registration number in the applicable jurisdiction, are as follows: Purdue Pharma L.P. (7484), Purdue Pharma Inc. (7486), Purdue Transdermal Technologies L.P. (1868), Purdue Pharma Manufacturing L.P. (3821), Purdue Pharmaceuticals L.P. (0034), Imbrium Therapeutics L.P. (8810), Adlon Therapeutics L.P. (6745), Greenfield BioVentures L.P. (6150), Seven Seas Hill Corp. (4591), Ophir Green Corp. (4594), Purdue Pharma of Puerto Rico (3925), Avrio Health L.P. (4140), Purdue Pharmaceutical Products L.P. (3902), Purdue Neuroscience Company (4712), Nayatt Cove Lifescience Inc. (7805), Button Land L.P. (7502), Rhodes Associates L.P. (N/A), Paul Land Inc. (7425), Quidnick Land L.P. (7584), Rhodes Pharmaceuticals L.P. (6166), Rhodes Technologies (7143), UDF LP (0495), SVC Pharma LP (5717) and SVC Pharma Inc. (4014). The Debtors' corporate headquarters is located at One Stamford Forum, 201 Tresser Boulevard, Stamford, CT 06901.

Pursuant to 28 U.S.C. § 1746, I, Rebecca M.S. Busch, MBA, hereby declare as follows under penalty of perjury:

1. On July 13, 2021, I submitted an *Expert Report*, which report I understand has been designated as JX-2602.
2. Nothing that I have learned since the submission of my report has changed any of my opinions expressed therein. I reserve the right to revise my opinions in light of my ongoing review of materials, including data, documents, and depositions or other testimony that may subsequently come to light.
3. I respectfully submit this Declaration and my attached report as my direct testimony on behalf of the Ad Hoc Group of Hospitals.

Pursuant to 28 U.S.C. § 1746, I declare under penalty of perjury that the foregoing is true and correct.

Executed on: August 5, 2021

By: /s/ Rebecca M.S. Busch
Rebecca M.S. Busch, MBA

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Expert Report



Rebecca M. S. Busch, MBA, Inc.

Date: 07/13/2021

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I. Expert Witness Background & Report Introduction

This report was prepared by Rebecca M.S. Busch, RN, MBA, CCM, CFE, CPC, CHPA-IV, CRMA, CICA, FIALCP, FHFMA of Medical Business Associates, Inc. a healthcare medical auditing firm. My experience and credentials are summarized in my curriculum vitae noted as attached. My CV highlights my clinical, coding, revenue cycle, health information management, case management, medical audit, and healthcare finance experience and credentials to provide opinions in this matter. Also included are a list of publications I have authored in the past ten years and a list of matters in which I have testified at either deposition or trial in the past four years. The information contained provides the data, facts, basis, and reasons associated with the opinions expressed in this report. In forming my opinion, I have relied upon sources noted within my report. My opinions are based upon the information that is currently available to me, training, education and thirty plus years of healthcare industry experience including but not limited to: healthcare industry, clinical, compliance, audit, and forensic experience. I have been compensated hourly for my time, providing para-professional support to conduct this review and prepare this report. Fees for services rendered are outlined within the attached fee schedule.

Expert Signature: /s/ Rebecca M.S. Busch Date Submitted: 07/13/2021

II. Scope of Work

I was retained by Taft Stettinius & Hollister LLP as Counsel for Ad Hoc Group of Hospitals to provide an expert opinion regarding the revenue cycle management, claims data analysis, compliance, billing and coding practices in emergency departments. The other parties involved are too numerous to list but include the Debtors, Purdue Pharma, L.P. et al and an emergency room physician, Michael Masiowski, who is represented by Paul Rothstein

Please note that this report is based on information available to date. I reserve the right to amend and update my report upon receipt of additional discovery documentation and testimony.

III. List of Documents Received

1. Legal Documents
 - i. Claims data
 - ii. Expert Report of Michael L. Masiowski, M. D.
 - iii. Declaration of Michael L. Masiowski, M. D. in support of Independent Emergency Room Physicians Claimant's Motion
 - iv. Rebuttal Expert Designation by Ad Hoc Group of Hospitals

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IV. Methodology and Relevant Industry References

Methodology

1. Define the scope of work (SOW)
2. Define the data necessary to conduct an analysis based on the SOW.
3. Define if any relevant references and research required to support the analysis.
4. Conduct an analysis and document concluding opinions.
5. Prepare final report of findings.

V. Summary of Opinions

In my opinion, to a medical audit and revenue cycle degree of certainty, it is reasonable for experts in the field of medical auditing and revenue cycle to rely on the materials that I reviewed on this case in formulating expert witness opinions. The materials utilized to conduct this review and details of the analysis are contained within this report. My opinions are based upon the information that is currently available to me, training, education, and thirty plus years of healthcare industry experience including but not limited to: clinical, medical auditing, compliance, risk assessments, and forensic experience.

1. Revenue cycle management includes all the administrative and clinical functions that contribute to the capture, management and collection of patient revenue services¹. In the context of relationships among the parties to this case, a subset of the RCM processes apply, with protocols and attributes specific to Emergency Department visits.
2. The difference in payment, based on realization rates for opioid inclusion codes, for the professional component of physician services in the emergency department service is \$10,252.
3. If the objector-emergency room physician, Dr. Masiowski, is an independent contractor as declared under oath in the affidavits of both Dr. Masiowski and his attorney, Mr. Rothstein, such an independently contracted emergency room physician will typically have access to the claims data. As previously averred, Dr. Masiowski does in fact control his own claims data, which is typical of an independently contracted emergency room physician. The Medicare and Medicaid rules makes no exception for differing contractual relationships (i.e., hospital employed physicians versus independent contractor physicians) and the Medicare billing rules shall be equally applicable. The independent contractor has an ability to reproduce the claims that were submitted to the payers for reimbursement of treatment services provided by the independent contractor physician.

VI. Data Analysis and Supporting Foundation of Opinions

Opinion 1: Revenue Cycle Management

Revenue cycle management includes all the administrative and clinical functions that contribute to the capture, management and collection of patient revenue services². In the context of relationships among the parties to this case, a subset of these RCM processes apply to the independently contracted physician, namely Dr. Masiowski, with different protocols and attributes specific to Emergency Department visits. Select elements of the RCM process, with appropriate details, are described below

- Charge capture: the ability to convert services rendered and products into billable charges. Healthcare bills typically consists of charges for both facility and professional costs. Facilities can submit bills for technical components including the supplies, equipment, medications, and use of the emergency room. The evaluation and management codes are assigned based on hospital resources used for the patient's treatment. The emergency room physicians can submit bills for their professional assessment, oversight and direction. If the hospital employs its physicians, the hospital will generally bill for both facility and professional costs. If the hospital independently contracts with a physician, such as the arrangement described by Dr. Masiowski, then the independent contractor physician will bill for the professional costs. In either instance, claims data are generated irrespective of contractual status.
- Coding & Documentation: the proper representation of services rendered by the correct selection of diagnosis and procedure codes. A health care episode in an Emergency Department can result in charges from the facility in which the episode takes place, and from the physicians attending the patient. “Facility coding reflects the volume and intensity of resources utilized by the facility to provide patient care, whereas professional codes are determined based on the complexity and intensity of provider performed work and include the cognitive effort expended by the provider. As such, there is no definitive strong correlation between facility and professional coding and thus no rational basis for the application of one set of derived codes, either facility or professional, to the determination of the other on a case-by-case basis.”³ Consequently, Dr. Masiowski is capable of submitting his claims data, generated by his own professional coding, to the Bankruptcy Class Six Trust. Those claims data are distinct from claims data generated by the hospital in which he attends patients.

“CMS instructed hospitals to develop their own internal guidelines for reporting E/M visits. [An article quoted here] outlines principles for hospital ED visit guidelines, as well as guidance on reporting them.

Four Basic Models

Two of the best known models for ED visit levels are the AHA/AHIMA Guidelines and the American College of Emergency Physicians ED Facility Level Coding Guidelines (ACEP Guidelines). During its consideration of various available guidelines, CMS identified four basic models in use:

- Guidelines based on the number or type of staff interventions. Both the AHA/AHIMA Guidelines and the ACEP Guidelines fall into this category. Intervention models use basic care interventions to report the lowest level of service, with higher levels assigned as complexity or number of nursing and ancillary staff interventions increases.
- Guidelines based on time spent with the patient. As time spent with the patient increases, so does the level assigned.
- Guidelines based on a point system. The time, complexity, and type of staff required determine the number of points assigned to each intervention.
- Guidelines based on patient severity. The diagnoses, level of medical decision making, and presenting complaint or medical problem are used to correlate resource consumption.”⁴

“Federal Medicaid regulations define an emergency medical condition (including emergency labor and delivery) as a sudden onset of a physical or mental condition which causes acute symptoms, including severe pain, where the absence of immediate medical attention could reasonably be expected to:

- Place the person’s health in serious jeopardy; or
- Cause serious impairment to bodily functions; or
- Cause serious dysfunction of any bodily organ or part.”⁵

An expert panel, comprised of members of AHA and AHIMA, with CMS and AMA acting as observers, “adopted several key principles to address the development of coding models to represent services rendered in hospital emergency departments and clinics. These principles included the principles set forth by CMS in its August 2002 proposed rule (67FR52131):

- Coding guidelines for emergency and clinic visits should be based on emergency department or clinic facility resource use, not physician resource use;
- Coding guidelines should be clear, facilitate accurate payment, be usable for compliance purposes and audits, and meet HIPAA requirements;
- Coding guidelines should only require documentation that is clinically necessary for patient care. Preferably coding guidelines should be based on current hospital documentation requirements, and
- Coding guidelines should not facilitate upcoding or gaming.”⁶

Table 1 – Professional services CPT codes and description used by ER Physicians

CPT Codes	Description
99281	<p>Emergency department visit for the evaluation and management of a patient, which requires these 3 key components:</p> <p>A problem focused history; A problem focused examination; and Straightforward medical decision making.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are self-limited or minor.</p>
99282	<p>Emergency department visit for the evaluation and management of a patient, which requires these 3 key components:</p> <p>An expanded problem focused history; An expanded problem focused examination; and Medical decision making of low complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of low to moderate severity.</p>
99283	<p>Emergency department visit for the evaluation and management of a patient, which requires these 3 key components:</p> <p>An expanded problem focused history; An expanded problem focused examination; and Medical decision making of moderate complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of moderate severity.</p>

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	<p>Emergency department visit for the evaluation and management of a patient, which requires these 3 key components:</p> <p>A detailed history; A detailed examination; and Medical decision making of moderate complexity.</p>
99284	<p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of high severity, and require urgent evaluation by the physician, or other qualified health care professionals but do not pose an immediate significant threat to life or physiologic function.</p>
99285	<p>Emergency department visit for the evaluation and management of a patient, which requires these 3 key components within the constraints imposed by the urgency of the patient's clinical condition and/or mental status:</p> <p>A comprehensive history; A comprehensive examination; and Medical decision making of high complexity.</p> <p>Counseling and/or coordination of care with other physicians, other qualified health care professionals, or agencies are provided consistent with the nature of the problem(s) and the patient's and/or family's needs.</p> <p>Usually, the presenting problem(s) are of high severity and pose an immediate significant threat to life or physiologic function.</p>
99288	<p>Physician or other qualified health care professional direction of emergency medical systems (EMS) emergency care, advanced life support</p>

- Claims submission and resubmissions. The revenue cycle process includes emergency room services where the treating physicians are either employed by the facility or work in ER facilities as independent contractors. The professional component of claims for services rendered in the ER facility are submitted by the facility or by the independent contractor.

“As an employee, the emergency physician may be hired directly by the hospital or by a group contracted with the hospital. As independent contractors, emergency physicians have the right to do the job any way they please, but face loss of the contract without job protections if the hospital is not satisfied with any aspect of the contract fulfillment.⁷” When an emergency room physician is employed by the facility, the facility submits bills for services provided by the emergency room physician and the patient’s bill would typically include both the hospital and physician bill for entire emergency room visit.

If the emergency room physician is an independent contractor, such as the circumstance averred by Dr. Masiowski, the emergency room physician can bill for their services

separately. In this case, the patient typically would receive separate bills from the hospital for facility charges and from emergency room physician for professional charges.

The technical component of the services is billed using the UB-04 claim form. The facilities are typically reimbursed for services of hospital staff, supplies and overhead costs for services furnished in that patient encounter. The professional components of services are billed using CMS-1500 form, typically submitted by the physician. Dr. Masiowski, and other independently contracted physicians, submit for payment using the CMS-1500 form, and such independently contracted physicians typically receive payment for the professional services provided to the patient. Submissions on CMS-1500 eventually become claims data which, in the case at bar, would be submitted to the Class Six Trust in the format delineated in the Trust Distribution Procedures. Nothing about a physician's "independent" status prevents a physician from submitting to the Trust Distribution Procedures

Below follows authoritative sources for understanding provider responsibilities in submitting a proper claim:

- Diagnosis (ICD) codes published by the World Health Organization (WHO).
<https://www.who.int/>
- Centers for Medicare and Medicaid Services (CMS) National Correct Coding Initiative Program (NCCI) www.cms.gov-correctcodinginitiative.
- Medicare Benefit Policy Manual Chapter 2 - Inpatient Psychiatric Hospital Services
<https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c02.pdf>
- The proper use of procedure (CPT) codes (published by the American Medical Association (AMA) <https://www.ama-assn.org/>
- Healthcare Common Procedural Coding System (HCPCS)
<https://www.cms.gov/Medicare/Coding/MedHCPCSGenInfo/>
- CMS National Correct Coding Initiative Program (NCCI) www.cms.gov-correctcodinginitiative
- Medically Unlikely Edits (MUE) for a HCPCS/CPT code is the maximum units of service that a provider would report under most circumstances for a single beneficiary on a single date of service.
<https://www.cms.gov/Medicare/Coding/NationalCorrectCodInitEd/MUE.html>
- In 2000, the CPT code set was designated by the Department of Health and Human Services as the national coding standard for physician and other healthcare professional services and procedures under the Health Insurance Portability and Accountability Act (HIPAA) <https://aspe.hhs.gov/report/health-insurance-portability-and-accountability-act-1996>
- All financial and administrative health care transactions sent electronically must use the CPT code set. <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/Code-Sets/index.html>
- Coding practices (§ 162.1002 Medical Data Code Sets) and use of code sets [www.aspe.hhs.gov/report/health-insurance-portability-and-accountability-act-1996](https://aspe.hhs.gov/report/health-insurance-portability-and-accountability-act-1996)
- Appropriate presentation and submission of healthcare services as published by the Universal Billing Committee (NUBC) www.nubc.org.

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- The National Uniform Claim Committee (NUCC) - It is chaired by the American Medical Association (AMA), with the Centers for Medicare and Medicaid Services (CMS) as a critical partner. <http://nucc.org/>
- Listing of regulations within the Department of Health and Human Services Centers for Medicare and Medicaid services form cms-437 Psychiatric Unit Criteria Work Sheet for Exclusion of Medicare's Hospital PPS system.
<https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/Downloads/CMS437.pdf>
- Texas Health Code <https://statutes.capitol.texas.gov/Docs/HS/htm/HS.572.htm>
- Texas Department of Family and Protective Services
https://www.dfps.state.tx.us/handbooks/aps/files/APS_pg_4800.asp
- Notary Public code of Professional Responsibility
<https://www.nationalnotary.org/knowledge-center/reference-library/notary-public-code-of-professional-responsibility>
- Third-party primary payer follow-up including review of denials. “A carrier may make payment to an entity (i.e., a person, group, or facility) enrolled in the Medicare program that submits a claim for services provided by a physician or other person under a contractual arrangement with that entity, regardless of where the service is furnished. Thus, the service may be furnished on or off the premises of the entity submitting the bill and receiving payment. The entity receiving payment and the physician or other person that furnished the service are both subject to the following program integrity safeguard requirements:
 1. The entity receiving payment and the person that furnished the service are jointly and severally responsible for any Medicare overpayment to that entity; and,
 2. The person furnishing the service has unrestricted access to claims submitted by an entity for services provided by that person.”⁸

Consequently, even where third-party payers are involved, nothing about the Trust Distribution Procedures prevents the submission of claims data by Dr. Masiowski.

Opinion 2: The difference in payment, based on realization rate for opioid inclusion codes, for professional component of physician services in the emergency department service is \$10,252.

The emergency room physician uses Current Procedural Terminology (CPT) code to document the services provided. The CPT code explains the intensity of the visit and services provided to the patient. CPT codes are used as basis to determine the payment for the emergency room visit.

To facilitate Dr. Masiowski’s understanding of the Trust Distribution Procedures, attorneys for the trust requested that Dr. Masiowski supply claims data that would be readily available to him. That request was refused. Accordingly, available data was utilized to determine the volume of emergency room visits, and to demonstrate the coding of professional services, such as those typical of an emergency room physician, including Dr. Masiowski. Thereafter, the Usual, Customary and Reasonable (UCR) rate was applied to the emergency room service codes.

Usual, Customary and Reasonable (UCR)

A UCR analysis involves the review of billing in the context of the services provided and supported within the medical record. The activities associated with following the practice standards listed below is the responsibility of the provider of services. Further, failure to do so will impact payment of claims. In particular, the improper use of diagnosis (ICD) codes without supporting medical record documentation can have an effect on whether or not a claim is UCR, due to problems pertaining to medical necessity, unsubstantiated diagnoses, and other compliance issues.

A healthcare service(s) or product(s) charge is considered

- “Usual” if it is a professional charge(s) for an in scope of practice service/procedure by an appropriately licensed and credentialed professional or; If it is a facility (e.g. hospital, outpatient, nursing home, rehabilitation, long term care) for a defined facility based licensed scope of services/procedure, and
- “Customary” if it is within the range of fees, quantity, volume, and/or coding that most professionals (CMS-1500) or facilities (UB-04, CMS-1450), in the geographic area charge for a given procedure; if it is a facility within a ranges of fees, quantity, volume, and/or coding (UB-04, CMS-1450), in scope facility license; and
- “Reasonable” if it is Usual and Customary and/or if it is clinically relevant, with informed consent, and clinically justified. Any special condition (e.g. a difficult procedure) should be articulated based on current practice standards.⁹

Table 2 – Difference in payment for opioid causation inclusion codes

ER CPT Codes - UCR Values								Total
CPT Codes (ER Visits)	2013	2014	2015	2016	2017	2018	2019	
99281	\$157.97	\$176.40	\$202.04	\$227.14	\$252.60	\$145.82	\$164.88	
99282	\$212.64	\$237.47	\$271.98	\$305.78	\$340.03	\$221.34	\$228.90	
99283	\$319.98	\$357.33	\$409.26	\$460.12	\$511.68	\$427.06	\$470.07	
99284	\$477.94	\$533.73	\$611.30	\$687.27	\$764.27	\$720.44	\$789.30	
99285	\$712.86	\$796.08	\$911.78	\$1,025.08	\$1,139.93	\$1,148.36	\$1,272.53	
99288	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	
Average UCR amount	\$376.28	\$420.20	\$481.27	\$541.08	\$601.70	\$532.60	\$585.13	
Number of Visits	12	23	34	66	96	96	128	
Expected charges (Based on UCR amount)	\$4,515.33	\$9,664.66	\$16,363.29	\$35,711.16	\$57,763.63	\$51,130.06	\$74,897.20	
Expected payment (Based on 7.7% realization rate for Causation inclusion codes)	\$347.68	\$744.18	\$1,259.97	\$2,749.76	\$4,447.80	\$3,937.01	\$5,767.08	
Difference in payment based on realization rate (4.1%)	\$185.13	\$396.25	\$670.90	\$1,464.16	\$2,368.31	\$2,096.33	\$3,070.79	\$10,251.86

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Data analysis

The above table provides a list of professional services CPT codes used in ER visits and UCR price for the CPT codes. The fee analysis is based on the objector-provider Dr. Masiowski's service location (Zip code – 29406) and the date of service for these ER claims (1/01/2013 – 12/31/2019).

Geographic pricing information for UCR analysis is based on Optum Ingenix / Optum 360° “National Fee Analyzer (NFA)”, South Carolina pricing for 2013 – 2019, Commercial Geographic Adjustment Factors 75th Percentile, applicable coding system(s), and/or prior auditing experience (PAE).

Analysis and Assumptions

Average UCR amount is calculated based on applicable ER professional CPT codes. The number of visits were obtained from the claims data.

Expected charges (Based on UCR amount) is the product of ‘Average UCR amount’ and ‘Number of Visits’ for the considered year.

Considering a realization rate of 7.7% for Opioid causation inclusion codes, the expected payments can be calculated.

Considering a 4.1% difference in payment for Opioid causation inclusion codes and Non-Opioid codes, the total expected difference in payments can be calculated.

Findings

The difference in payment, based on realization rate for opioid inclusion codes, for professional component of physician services in the emergency department service is **\$10,252**. The import of this finding is to demonstrate that an emergency room physician, whether employed by the hospital or independently contracted, is capable of generating the claims data associated with professional services rendered during opioid patient encounters in the emergency department.

Opinion 3: If the emergency room physician is an independent contractor, the contractor will typically have access to the claims data. The Medicare and Medicaid rules makes no exception to contractual relationship (employee-physician or independent contractor) and the Medicare billing rules are equally be applicable. The independent contractor has the ability to reproduce the claims that were submitted to the payors for reimbursement of the professional services rendered by the independent physician, including Dr. Masiowski.

Endnotes

¹ HFMA.org

² HFMA.org

³ <https://www.acep.org/administration/reimbursement/ed-facility-level-coding-guidelines/>

⁴ <http://bok.ahima.org/doc?oid=84414#.YOcfHehKiUk>

⁵ <https://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>

⁶ <http://library.ahima.org/doc?oid=57527#.YOhPOhKiUk>

⁷ <https://www.acep.org/life-as-a-physician/careers/contracts/ep-contracts-handshakes-and-other-red-flags/#:~:text=Employee%3A%20As%20an%20employee%2C%20the,practice%20management%20issues%2C%20said%20Dr.>

⁸ <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/clm104c01.pdf>

⁹ Busch, Rebecca M. S. (2017). Managing the Notion of UCR in a Life Care Plan. Journal of Life Care Planning Volume 15, Number 3 p. 9

Exhibit A

Rebecca M.S. Busch

President and CEO Medical Business Associates, Inc.

PROFESSIONAL PROFILE:

Rebecca M.S. Busch is President and CEO of Medical Business Associates, Inc. (MBA) a healthcare consulting, auditing and forensic services firm. Founded in 1991, MBA Inc. is a minority woman-owned healthcare-consulting firm. MBA's healthcare consulting practice includes general medical data audit support services, data analytics (predictive), data assessments and strategy support, internal control audits, compliance, risk, and vulnerability assessments for patients, providers, payers, plan sponsors and other indirect and direct support vendors within the healthcare industry. MBA has evolved into a forensic and dispute practice within our core-competencies, providing expert testimony in both Federal and State courts. In addition, mediation support in areas of finance, business, and domestic related issues. As an expert in healthcare field, I have provided public testimony, expert forensic testimony, participated in the development of best practice standards, academic curriculum, and public policy.

MBA is effective in understanding the client's goals and objectives and utilizes a process that identifies all critical tasks, standards and conditions to respond to client needs. MBA's core competencies include but are not limited to clinical (coordination of care, patient advocacy support, life care plans, pricing analysis and other population health support). Operational controls such as privacy, security, revenue cycle integrity services, gap analysis and stability of operations. Data analytics that employ comprehensive suites of propriety analytical tools that identify revenue shortfalls and drive corrective actions. Additional subject matter expertise that support core foci include: denial management services, third party audits, metrics, medical software architecture and integration analysis and health record integrity that are essential to sustain revenue, billing and clinical integrity throughout the entity. MBA recognizes that process knowledge and training are fundamental building blocks necessary to achieve long-term programmatic success and are committed to providing customers full transparency in identifying and mitigating all concerns, issues, problems or findings.

MBA blends multi-specialty clinical professionals integrating finance, audit, and risk assessments into the scope of practice, resulting in a blended clinical and financial perspective. This edge combined with proprietary methodology employs statistical analysis of claims, e-health data, PHI, compliance requirements, and procedural data. The result is an analysis that targets the most probable areas of operational breakdowns, risk exposure, financial errors, and medical errors and cost savings.

Rebecca is an active member in the local and national healthcare, philanthropic, and professional community, who has served on various boards. In the board room, she uses her professional experience and leadership skills in order to achieve results with integrity, effectively integrating community stakeholders, all while maintaining focus on corporate missions.

Rebecca continues to maintain academic and professional development through various credentials and certifications and often participates as a professional mentor. Leadership and professional achievements recognized through various awards and honors. Her entrepreneurial professional driven career has resulted in various proprietary audit platforms in multi market verticals in healthcare, several patents, authorship of over 200 articles, books, and presentations to consumers, government, corporate and professional entities. Multimedia experiences include telephonic, radio, television, Podcasts, Webinar (live & pre-taped), and live presentations to both domestic and international audiences.

PATENTS & INTELLECTUAL PROPERTY

- Inventor: Seven U.S. design patents focused on efficacy, risk, and revenue management for pharmaceutical industry; (D647098; D647528; D647529; D647530; D647531; D647532; D647533)
- Patents:
 - Electronic health record case management system (8126740 – issued 2/28/2012)
 - Anomaly Tracking Systems and Method for detecting fraud and errors in the healthcare filed (10552899 issued 2/4/20).
 - Interactive and Iterative Behavioral Model, System and Method for detecting fraud, waste and abuse - pending
- MBA Intellectual property: additional patent pending on data analytics in healthcare; forensic tools utilized in forensic and dispute practice; proprietary data analytic tools for abstracting, mitigating and preventing revenue cycle issues in healthcare.

Rebecca M.S. Busch

President and CEO Medical Business Associates, Inc.

BOARD & PROFESSIONAL APPOINTMENTS & PUBLIC TESTIMONY

Board & Professional Appointments

- **CommunityHealth Board Member (January 2010 to 2016)** – CommunityHealth is a nonprofit organization dedicated to serving the uninsured and underserved in Chicago and surrounding communities. Through an innovative model supported by volunteerism and philanthropy, CommunityHealth will be the leader that defines excellence in delivering comprehensive, patient-centered health care at no cost to low-income, uninsured individuals and families in need of a medical home. **Corporate Governance – \$14 million annual budget work with Development and Program Committees.**
- **ACFE (Association of Certified Fraud Examiners) Faculty Member (2001 to Current)** – ACFE faculty members are some of the most highly rated speakers in the anti-fraud profession. Our faculty members have years of practical and professional experience and are veterans to the ACFE Training Department. Rebecca developed and implemented a 2-day healthcare fraud-training course.
- **AHIA (Association of Healthcare Internal Auditors) Editorial Committee Member (2008, January 2010 to 2015)** – AHIA is the professional organization for healthcare internal auditors. It is an international nonprofit organization. It is the only organization established for the professional needs of healthcare internal auditors.
- **LISTA (Latinos in Information Science & Technology Association) Board Member (March 2010 to 2014)** – LISTA is a nonprofit organization committed to supporting Latinos who work in the science, mathematics, information sciences, new media, telecommunications and technology sector. LISTA's mission is to educate, motivate, and encourage the use of technology for the empowerment of the Latino community in order to conquer the digital divide. **Committee Work – Policy Advisor.**
- **Robert Morris University Masters of Management: Health Care Administration Program Advisory Board (January 2011 to 2014)** – Robert Morris University is a private, independent, not-for-profit institution of higher education. The Health Care Administration Program Advisory Board members are health care professionals who provide invaluable information on current operations in the industry, particularly in the areas of health care administration, nursing, surgical technology, medical assisting, pharmacy technology and fitness. Their involvement with Robert Morris University's College of Nursing and Health Studies insures that students are provided with training that suits the latest needs in the health care industry. **Committee Work – Program Advisor.**
- **YWCA Metropolitan Chicago, Board Member (June 2013 to 2014)** – YWCA Metropolitan Chicago is a nonprofit organization committed to providing women with the support and tools needed to transform their lives, be confident in their choices and make valuable contributions to their communities.
- **ACFE (Association of Certified Fraud Examiners) Chicago Vice President & Newsletter Director (January 2010 to 2014) Board Member (2006 to 2014)** – The ACFE is the world's largest anti-fraud nonprofit organization and premier provider of anti-fraud training and education. Together with nearly 55,000 members, the ACFE is reducing business fraud worldwide and inspiring public confidence in the integrity and objectivity within the profession. **Committee Work – Finance, Audit, and Editor-Newsletter.**
- **American College of Wellness Board Member (2004 to 2010)** – The American College of Wellness, LLC is a membership-based association with concentration in certification and continuing education in wellness and weight management. **Committee work – Subject Matter Expert Advisory**
- **NYSP (National Youth Sports Program) Board Member (2005 to 2007)** – NYSP is a nonprofit program, which provides underprivileged children with academic and sports instruction, along with sports competition to improve their physical fitness and health habits and to become acquainted with career and educational opportunities at a college or university campus. **Corporate Governance – \$25 million annual budget work with Development and Audit Committees.**
- **HFMA (Healthcare Financial Management Association) Board Member (1998 to 2005)** – HFMA is the leading membership nonprofit organization for healthcare financial management executives and leaders. **Committee Work – Program Development, Finance**
 - Legislative Advocacy Committee (Pro-Action); Chairman for the Continuum of Care Committee for HFMA; Founding Member of the Medical Groups and Physician Committee of the First Illinois Chapter of the Health Care Financial Management Association (HFMA).
- **IWS (Infant Welfare Society) Chairperson, Board Member, & Volunteer (1988 to 2005)** – IWS is a nonprofit organization committed to the care and early education of infants and toddlers and to supporting their families' efforts to be self-sufficient providers and effective parents. As chairperson, Rebecca participated in generating over \$1.2 million for Chicago-area's underserved population. **Committee Work – Program, Development, Finance.**
- **AALNC (American Association of Legal Nurse Consultants) Board Member (1995 to 1998)** – AALNC is a nonprofit membership organization dedicated to the professional enhancement and growth of registered nurses practicing in the specialty area of legal nurse consulting and to advancing this nursing specialty. **Committee Work – Program Development, Finance, Membership.**

Rebecca M.S. Busch

President and CEO Medical Business Associates, Inc.

- **Westbrook Courtyard Association Board Member (September 2011 to 2012)** – Rebecca served as the Treasurer for the Corporate Governance Committee.

Public Testimony & Public Policy

- **Expert Task Force:** AHIMA HIM Functions in Quality and Patient Safety. To advance success, recognition, and value of health information management (HIM), AHIMA formed a volunteer task force to produce a practice brief discussing HIM functions and best practices that support and advance healthcare quality and patient safety initiatives. March 2011 – July 2011
- **Public Testimony:** Illinois Bipartisan Senate Committee on Medicaid Reform: Current trends and market behaviors on fraud, waste, and abuse. December 14, 2010
- **Expert Panel Member:** Health Information Exchange Practice Council e-HIM Work Group for Medical Identity Theft Development of practice guidelines: American Health Information Management Association. 2008 <http://bit.ly/jIBElg>
- **Testimony, Committee Member, and Subject Matter Expert:** Public Awareness campaign for the National Insurance Crime Bureau (NICB) in developing fraud awareness in the community. 2006 – 2008
- **Testimony AHIC Committee:** Washington DC Secretary, Michael O. Leavitt, Chair American Health Information Community, Discussion of health information technology criteria to enhance prevention and detection of waste, fraud, and abuse. September 18, 2007
- **Testimony and Expert Panel Member:** Department of Health & Human Services: Office of the National Coordinator Health Information Technology for Foundation of Research and Education (FORE) of the American Health Information Management Association (AHIMA). “Recommended requirements for enhancing data quality in electronic health records systems” issued May 2007 http://www.rti.org/pubs/enhancing_data_quality_in_ehrs.pdf
- **Testimony and Expert Panel Member:** ONC Anti-Fraud Project Department of Health & Human Services: Office of the National Coordinator Health Information Technology. “Report on the Use of Health Information Technology to Enhance and Expand Health Care Anti-Fraud Activities Prepared for: The Office of the National Coordinator, U.S. Department of Health and Human Services” Contract Number: HHSP23320054100EC report issued September 30, 2005 http://library.ahima.org/xpedio/groups/public/documents/ahima/bok1_031699.pdf

FORENSIC EXPERT TESTIMONY

- **Retained expert** in matters in both Federal & State Court including and not limited to the following areas Health Care Financial Expenditures, Usual and Customary and Reasonable Bill review Analysis, Life Expense Analysis, Electronic Data Analysis, Medical Record Analysis, Internal Controls; Relator issues, Revenue Cycle Issues, EDA Claims; EDA Employment Data; Health Care Benefit Plans; Internal Controls; Provider Software; damages; other general reimbursement issues. Forensic expert testimony 2021 – 2016 (**11 Trials, 2 Arbitrations, 2 Hearings, 2 Sworn Statements, 14 Evidence Depositions, 108 Discovery Depositions**) Sub-total: 139
- Case list available forensic testimony prior to 2016 (**17 Trials, 2 Arbitrations, 5 Expert Opinions, 4 Evidence Depositions, 128 Discovery Depositions**) Sub-total: 156
- **Total testimony to date:** (**28 Trials, 4 Arbitrations, 2 Hearings, 2 Sworn Statements, 18 Evidence Depositions, 236 Discovery Depositions, 5 Expert Opinions**) = 295

SPEAKING ENGAGEMENTS & PUBLICATIONS www.rebeccabusch.com

- **Extensive experience and work as an author.** Detailed listing available:
 - Authored several books including updates and revisions (7 books published)
 - Authored five chapters within other text book publications including a practice standard (5 books)
 - Publications within articles and newsletters on various health industry issues (65 publications)
 - Developed Academic Curriculum for University and Professional Organizations (3 organizations)
- **Extensive experience and work as an educator and presenter.** Detailed listing available
 - Requested interviews, telephonic & live media platforms (19 episodes)
 - Experience with Podcast presentations (4 episodes)
 - Webinar platform experience (12 programs)
 - Adjunct Faculty presentations, multiple universities - ongoing
 - Live Presentations, Workshops and Training – International Sponsored (6 programs)
 - Live Presentations, Workshops and Training – Domestic Government Sponsored (19 programs)
 - Live Presentations, Workshops and Training – Domestic Consumer Sponsored (4 programs)
 - Live Presentations, Workshops and Training – Domestic Professional Sponsored (134 programs)

Rebecca M.S. Busch

President and CEO Medical Business Associates, Inc.

PROFESSIONAL AFFILIATIONS

- **Medical Business Associates, Inc. (MBA Inc.)** Westmont, IL 1991 to present www.mbaudit.com
 - **Client & Program development:** design apply various utilities that provide client support on efficacy, risk, and revenue management for providers, payers, drug manufacturers, DME vendors and benefit plan sponsors.
 - **Maintain ongoing MBA Intellectual property development:** additional patent pending on data analytics in healthcare; forensic tools utilized in forensic and dispute practice; proprietary data analytic tools for abstracting, mitigating and preventing revenue cycle issues in healthcare; series of published and pending trademarks;
 - **Adjunct Faculty** for one year masters certificate program in Healthcare Fraud Examination and Risk Management for Florida Atlantic University College of Business <http://business.fau.edu/departments/accounting/cert-healthcare-fraud-examination/index.aspx>
 - **Adjunct Faculty** Association of Certified Fraud Examiners on healthcare fraud examination
 - **Manage MBA Services:** Client services focused on increased revenues, decrease costs and management of risk via Fraud Detection & Prevention, Audit, Consulting and Training Services (FACTs);
 - Provide audit, consulting, and interim management services including hospital operating functions within healthcare organizations including, information systems, finance (audit & CDM activity) and health information management services (ex., Interim Director of Medical Records-e.g., ROI, Coding, Assembly);
 - **Healthcare Expert & Lecturer:** Provide expert testimony and lecturer to groups such as Intergovernmental Audit forums; HHS audit forums; Northwestern University, Evanston, IL; University of Illinois, Chicago IL; International Institute of Internal Auditors, International Academy of Life Care Planners, Association of Certified Fraud Examiners; CPA Society; University of Florida; Intellicus Group; Mosby Publications; and numerous other various groups
 - **Volunteer Patient Advocate:** Assist individual consumers on a volunteer basis in providing assistance with those who have difficulty with access or finance and general related issues with respect to health care services.
- **Florida Atlantic University (FAU) –Adjunct Professor** January 2012 to 2015
 - Co-Developed Healthcare Fraud Examination, Risk Management, and Compliance » certificate program.
 - The Certificate in Healthcare Fraud Examination, Risk Management, and Compliance is a four-course certificate program that is designed to provide students with specialized knowledge and skills relating to healthcare fraud and abuse investigations, and regulatory compliance.
- **State of Illinois, Illinois Department of Central Management Services; Office of the Governor Chicago IL Healthcare Subject Matter Expert,** (June of 2015 to June of 2016)
 - Analyze waste, fraud, and abuse as it relates to benefits and work with agency leadership to develop a sustainable strategy to create waste, fraud, and abuse monitoring capability, and analyze and develop a set of internal controls for State healthcare related programs.
 - Further assist with review of healthcare related research, program evaluation and facilitate State recoveries.
 - Serve as senior advisor and subject matter expert for the Healthcare Internal Controls Strategic review project.
- **Republic RSB Bureau/HCX, Naperville, IL 1989 – 1991**
 - Director of DRG Audits & Corporate Payer Liaison: Responsible for supervision, training and co- managing 250 field auditors nationwide
- **LaGrange Memorial Hospital, LaGrange IL 1988 – 1989**
 - Internal Medical Auditor: Responsible for the development and management of an internal audit program, hospital department liaison for insurance reimbursement issues, defended hospital with insurance representatives.
- **Oak Park Hospital, Oak Park, IL 1987 – 1988**
 - Internal Medical Auditor: Responsible for the development and management of an internal audit program, hospital department liaison for insurance reimbursement issues, defended hospital with insurance representatives.
- **Rush Presbyterian St. Luke's Medical Center, Chicago, IL, Good Samaritan Hospital, Downers Grove IL, McNeal Memorial Hospital, Berwyn, IL 1982 – 1987**
 - Registered Nurse and nursing assistant through college working in various direct patient care roles including ICU/CCU/Medical Surgical Floors.

EDUCATION, LICENSE, CERTIFICATIONS, AWARDS:

- **Education:**
 - 2015 Certificate of Divorce Mediation Skills Training, Northwestern University, School of Professional Studies
 - 2015 Certificate of Entrepreneurship "Latina Entrepreneurial Accelerated Development program (LEAD)" Women's Business Development Center. Cohort 1 graduate
 - 2014 Certificate of Entrepreneurship, City Colleges of Chicago Goldman Sachs 10,000 Small Businesses Cohort 8 Graduate

Rebecca M.S. Busch

President and CEO Medical Business Associates, Inc.

- 2011 Masters Certificate Corporate Governance, University of Notre Dame Mendoza College of Business Corporate Governance
- 2000 Executive Certificate, Network Economy, Branding, Marketing, and Customer Relationship Management, Northwestern University
- 1995 CCM Masters Certificate in Case Management, DePaul University, School of Nursing
- 1991 MBA Lewis University
- 1985 BS Rush University, College of Nursing

• **Certifications & License:**

- Notary Public – State of Illinois, Commission good through November 29, 2021
- 2017 Certified Homeland Protection Associate IV (CHPA-IV) Global Society of Homeland and National Security Professionals (GSHNSP) <https://www.globalhomeland.org/>
- 2014 - 2017 Certification Home Land Security (CHS-IV) American College of Forensic Examiners (ACFEI) www.acfei.com
- 2014 Registered Nurse, (RN 9383619) State of Florida
- 2012 Certified Internal Controls Auditor (CICA) The Institute of Internal Controls, www.theiic.org
- 2012 Certification in Risk Management Assurance (CRMA) The Institute of Internal Auditors, www.theiia.org
- 2009 Certified Professional Coder (CPC) American Academy of Professional Coders
- 2008 Fellow, Life Care Planning, International Association of Rehabilitation Professionals (FIALCP), www.rehabpro.org
- 2003 - 2014 Certification Home Land Security (CHS-III) American College of Forensic Examiners (ACFEI) www.acfei.com
- 2002 - 2015 Certified Business Manager (CBM) Association of Professionals in Business Management (APBM)'02 <https://pathbrite.com/portfolio/PyMJUPIE3/cbm-001893-rebecca-busch>
- 1999 Certified Fellow in Healthcare Financial Management (FHFMA) Health Care Financial Management Association (HFMA) www.hfma.org
- 1999 Certified Healthcare Financial Professional (CHFP) Health Care Financial Management Association (HFMA) www.hfma.org
- 1995 Certified Fraud Examiner (CFE) Association of Certified Fraud Examiners (ACFE) www.acfe.com
- 1985 Registered Nurse, (RN 041.230848) State of Illinois

• **Awards:**

- 2015 “Educator of the Year Award” Association of Government Accountants, AGA Chicago Chapter
- 2015 Women of Influence Recipient; January 20, 2015, Chicago Business Journal
- 2011 Chicago United’s Business Leaders of Color Recipient www.chicago-united.org
- 2010 Finalist for the Enterprising Women of the Year Award www.enterprisingwomen.com
- 2009 Influential Women in Business Award Recipient sponsored by the Business Ledger in partnership with the National Association of Woman Business Owners (NAWBO), www.thebusinessledger.com
- 2006 Reeves Silver Award for meritorious participation, Healthcare Financial Management Association
- 2000 Bronze Award for meritorious participation, Healthcare Financial Management Association

LANGUAGES

Fluent in Spanish

Rebecca M.S. Busch

President and CEO Medical Business Associates, Inc.

SPEAKING ENGAGEMENTS & PUBLICATIONS

Publications – Books (7 books; 5 chapters)

- **Legal Nurse Consulting: Principles and Practices, Fourth Edition** edited by Julie Dickinson and Anne Meyer Chapter 26 pages 627-660 “Fraud: Government and Private Sponsored Healthcare Plans and General Case Evaluations,” AALNC CRC Press, September 2019
- **“The Cyber Patient: Navigating Virtual Informatics”** by Rebecca Busch, CRC Press Taylor Francis – April 2019
- **“Patient’s Healthcare Portfolio: A Practitioner’s Guide to Providing Tools for Patients”** by Rebecca Busch, CRC Press Taylor Francis – April 2017.
- **“Leveraging Data in Healthcare, Best Practices for Controlling, Analyzing, and Using Data”** by Rebecca Busch, HIMSS – CRC Press December 2015.
- **“Case Studies in Insurance Fraud”** by Joseph T. Wells (editor) “Ignorance is Bliss, While it Lasts” Case study on Insurance Fraud by Rebecca Busch (contributing author) John Wiley & Sons, Inc., June 2013, Chapter 25.
- **“Healthcare Fraud: Audit & Detection Guidebook”** by Rebecca Saltiel Busch (author), Wiley & Sons Publications, June 2012 (2nd Edition).
- **Personal Healthcare Portfolio: Your Health & Wellness Record** by Rebecca Saltiel Busch, Medical Business Associates, Inc., June 2010.
- **Legal Nurse Consulting: Principles and Practices, Third Edition** edited by Anne Peterson and Lynda Kopishke, Chapter 12 pages 251-272 “Government-Sponsored Healthcare Plans and General Case Evaluations,” AALNC CRC Press, February 2010.
- **Electronic Health Records: An Audit and Internal Control Guide** by Rebecca S. Busch, John Wiley & Sons, Inc., July 2008.
- **“Case Studies in Computer Fraud: The Bytes that Bite”** by Joseph T. Wells (editor) “I Due” Case study on Identity Theft by Rebecca Busch (contributing author) John Wiley & Sons, Inc., August 2008.
- **“Healthcare Fraud: Audit & Detection Guidebook”** by Rebecca Busch (author), Wiley & Sons Publications, October 2007.
- **“Fraud Casebook: Lessons from the Bad Side of Business”** Joseph T. Wells (editor), Chapter 59 “Bodies for Rent” by Rebecca Busch, John Wiley & Sons Publications, July 2007.

Publications – Articles & Newsletters (65)

- **“Data Readiness Assessments in Patient Advocacy”** HFMA’s First Illinois Chapter Newsletter, October 2020.
- **“SIU Audits and their Impact on Small Providers”** Behavioral Health Business Trends, Infinity White Paper, July 16, 2020.
- **“Improving billing and collection realization rates with proper revenue cycle support”** Behavioral Health Business Trends, Infinity White Paper, July 6, 2020.
- **“Data Readiness in the Healthcare System”** HFMA’s First Illinois Chapter Newsletter, June 2020.
- **“Leveraging Low-Pay Recovery Efforts to Recover Underpayments”** Behavioral Health Business Trends, Infinity White Paper, April 2, 2020.
- **“Utilization Review and Addiction Therapy Modalities”** Behavioral Health Business Trends, Infinity White Paper, March 3, 2020.
- **“Revenue Cycle Management”** Behavioral Health Business Trends, Infinity White Paper, January 10, 2020.
- **“Data-Driven Patient Engagement: Self-Advocacy with the Help of a Personal Healthcare Portfolio”** HFMA’s First Illinois Chapter Newsletter, July 2019.
- **“Want to be an expert witness?”** Fraud Magazine, June 2019.
- **“Critical Elements of Healthcare Costing”** Journal of Nurse Life Care Planning by International Association of Rehabilitation Professionals, June 2018.
- **“Managing the Notion of UCR in a Life Care Plan”** Journal of Nurse Life Care Planning by American Association of Nurse Life Care Planners reprinted with permission from IARP, March 2018.
- **“Implementation of a Life Care Plan after the Development by a Nurse Life Care Planner”** Journal of Nurse Life Care Planning by American Association of Nurse Life Care Planners, March 2018.
- **“Managing the Notion of UCR in a Life Care Plan”** Journal of Life Care Planning by International Association of Rehabilitation Professionals, October 2017.
- **“Rx for Fraud”** Fraud Magazine a publication of the Association of Certified Examiners (ACFE) July/August

Rebecca M.S. Busch

President and CEO Medical Business Associates, Inc.

2013.

- **“Healthcare Fraud’s Most Wanted”** Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, December 2012. www.acfechicago.org
- **“Bad Medicine Isn’t What I Need”** Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, August 2012. www.acfechicago.org
- **“How This Balancing Act Will Have You Tipped Over”** Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, May 2012. www.acfechicago.org
- **“Pricey Prescriptions – the Counterfeit Drug Market”** Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, October 2011. www.acfechicago.org
- **“HIM Functions in Healthcare Quality and Patient Safety.”** Journal of AHIMA 82, no.8 (Aug 2011): 42-45. <http://bit.ly/oR3tgD>
- **“Advancing Quality & Patient Safety Initiatives”** American Health Information Management Association (AHIMA) – Journal of AHIMA, August 2011. <http://journal.ahima.org/2011/08/01/advancing-quality-and-patient-safety-initiatives/>
- **“To Be or Not to Be (a Whistle Blower) that Is the Question”** Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, July 2011. www.acfechicago.org
- **“Avoiding Fraud, Medical, and Billing Errors in Healthcare Arena”** Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, March 2011. www.acfechicago.org
- **“Healthcare Fraud Roundup”** Association of Certified Fraud Examiners (ACFE) – Chicago Chapter, November 2010. www.acfechicago.org
- **“Combating Health Care Fraud”** Association of Certified Fraud Examiners (ACFE) – Vancouver Chapter Newsletter, October 2010. cfevancouver.com/file/download/3
- **“Outlook 2010: Healthcare”** Association of Certified Fraud Examiners (ACFE) – Chicago Chapter, March 2010. www.acfechicago.org
- **“Healthcare Reform & the Fraud Problem: New Rules, New Defenses”** White-Collar Crime Fighter, January, 2010. <http://www.wccfighter.com>
- **“Future of health care depends on strict financial controls”** The Business Ledger, December 28, 2009. www.thebusinessledger.com
- **“Reform & Employer Healthcare Benefit Plans”** The New Media Journal.us, December 8, 2009. www.newmediajournal.us
- **“Healthcare Reform... Please, Not Behind Closed Doors!”** The New Media Journal.us, December 8, 2009. www.newmediajouornal.us
- **“Healthcare Reform: The Application of Business 101?”** The New Media Journal.us, December 4, 2009. www.newmediajournal.us
- **“Healthcare Reform: How to Surface Waste, Fraud and Abuse”** Association of Certified Fraud Examiners (ACFE) – Chicago Chapter, December 2009. www.acfechicago.org
- **“Reforming Healthcare Reform”** The New Media Journal.us, October 28, 2009. www.newmediajournal.us
- **“Data Analysis Series: Overview of Data Analysis Models”** Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, July 2009. www.acfechicago.org
- **“Data Analysis Series: Developing Recovery Models”** Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, April 2009. www.acfechicago.org
- **“Data Analysis Series: Developing Response Models”** Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, February 2009. www.acfechicago.org
- **“EHRs: Launching the Crusade for System Integrity”** New Perspectives, February 2009. www.ahia.org
- **“Accountability for Error Should Extend to All in Healthcare Marketplace”** HFMA – Newscast New York Chapter, Volume 42, Number 3 p. 11 December 2008 – February 2009.
- **“Accountability for errors should extend to all in healthcare marketplace”** Healthcare Financial Management Association – HFM Magazine December 2008.
- **“DATA Analysis Series: Developing Prevention Models”** Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, September 2008. www.acfechicago.org
- **What We Have Yet to Learn from the Massachusetts Health Plan”** Healthcare Financial Management Association HFM Magazine, September 2008.
- **“Medical Identity Theft and How It Occurs”** Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, September 2008. www.acfechicago.org

Rebecca M.S. Busch

President and CEO Medical Business Associates, Inc.

- “**DATA Analysis Series: Developing Mitigation Models**” Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, April 2008. www.acfechicago.org
- “**DATA Analysis Series: Developing Investigative Models**” Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, February 2008. www.acfechicago.org
- “**DATA Analysis Series: Developing Detection Models**” Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, December 2007. www.acfechicago.org
- “**Got Fraud? Internal Controls for Contributions to a Nonprofit Organization**” Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, December 2007. www.acfechicago.org
- “**Got Fraud? What are Key Considerations in Data Management and Building a Relational Data Base Management System?**” Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, September 2007. www.acfechicago.org
- “**What Role Do Employers Have in Workers’ Compensation Settlements and Medicare Set-Aside Requirements?**” Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, July 2007. www.acfechicago.org
- “**Got Fraud? Employee Embezzlement & Research Resources**” Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, April 2007. www.acfechicago.org
- “**Got Fraud? What Does It Look Like in Healthcare?**” Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, April 2007. www.acfechicago.org
- “**Got Fraud? What is happening at Your Local Pharmacy?**” Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, March 2007. www.acfechicago.org
- “**Mind Fields: Insight into Sociopathic Behaviors and How They Impact You as an Investigator**” Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, July 2006. www.acfechicago.org
- **Mind Fields: Safety considerations for auditors and investigators during the course of their work.”** Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, April 2006. www.acfechicago.org
- “**Using ‘Calming’ Techniques to Cope with Intermittent Explosive Disorder**” Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, January 2006. www.acfechicago.org
- “**Healthcare Fraud and PHI: Employers Protecting Employees & Bottom Line**” Fraud Magazine a publication of the Association of Certified Fraud Examiners, November/December 2005.
- “**Coping with Intermittent Explosive Disorder with Diffusing Techniques**” Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, October 2005. www.acfechicago.org
- “**Analyzing Antisocial Personality Disorder and Its Effect on Your Investigations**” Association of Certified Fraud Examiners (ACFE) – Chicago Chapter Newsletter, July 2005. www.acfechicago.org
- “**New Organized Healthcare Fraud Schemes: How to protect your organization**” White Collar Crime Fighter, July 2005. www.wcfighter.com
- “**Empowering Patients to Direct Their Health Care**” American Association of Case Managers, November/December 2003. www.cmsa.org
- “**Health-Care Fraud Prevention: Safeguarding Information is Key to Success**” White Collar Crime Fighter, October 2003. www.wccfighter.com
- “**A Guide to Surviving the Healthcare World and Learning to Ask Lifesaving Questions**” Medical Business Associates White Paper, 2003. www.mbanews.com
- “**Financial Diagnostic Tools and Comprehensive Life Care Planning**” Journal of Life Care Planning, December 2002. www.internationalacademyoflifecareplanners.com
- “**Quality Data Issues and its Adverse Impact on Research Methodology**” International Association of Life Care Planners – Academy Newsletter, fourth quarter 2001.
- “**Life Care Plan: A Methodological and Scientific Approach**” International Association of Life Care Planners – Academy Newsletter, third quarter 2001.
- “**Determining Fraud in Workers Compensation Cases**” CPA America International Newsletter, 2001.
- “**Commercial DRG Contracting**” HFMA Magazine, First Illinois Speaks November 1993.

Developed Academic Curriculum for University and Professional Organizations (3)

- Florida Atlantic University (FAU) Adjunct Professor ‘Healthcare Fraud Examination, Risk, and Compliance Certificate Program

Rebecca M.S. Busch

President and CEO Medical Business Associates, Inc.

- Association of Certified Fraud Examiners, Faculty
- Periodic Guest Lecturer

Interviews – Telephonic & Live Media (19)

- **Rebecca Busch on “Leveraging Data in the Healthcare C-suite”** - March 2, 2016
<http://www.healthcareitnews.com/video/rebecca-busch-leveraging-data-healthcare-c-suite>
- **“How a strategic approach to data will advance fraud prevention in healthcare”**, FierceHealthPayerAntiFraud, interview with Evan Sweeney, January 13, 2015.
http://www.fiercehealthpayer.com/antifraud/offer/gc_data_fraud_prevention?sourceform=Organic-GC-Data_fraud_prevention-FierceHeal
- **“Chicago Business Radio Show”**, Business Radio X, interview with Michael Lauer, June 4, 2014.
<http://chicago.businessradiox.com/2014/06/04/medical-business-associates/>
- **“Be Careful Using Health Apps on Your Smart Phone”**, CBS Channel 2 News, interview with Rob Johnson, November 4, 2013. <http://chicago.cbslocal.com/2013/11/04/expert-be-careful-when-choosing-health-related-apps-for-your-smart-phone/>
- **“Doctor/Patient Relationships”** Whole Living, interview with Alice Kelly, June 2011.
<http://www.wholeliving.com/>
- **“Nurses with Unusual Jobs”** Scrubsmag.com, interview with Daryn Eller, March 2011.
www.scrubsmag.com
- **“Your Money Matters – Rebecca Busch with Tips for Getting Your Personal Healthcare Portfolio In Shape”** WGN Channel 9 News, interview with Steve Sanders, July 26, 2010. www.wgntv.com
- **“Experts Speak: EHR Vulnerabilities”** Healthcare Financial Management Association, interview with HFMA, April 22, 2010. <http://www.hfma.org/Communities/Forums/CFO/Experts-Speak--EHR-Vulnerabilities/>
- **“Health service firms spring into action”** Chicago Tribune, interview with writer Ann Meyer, April 5, 2010.
www.chicagotribune.com
- **“Year of the Audit”** Journal of AHIMA 81, no.3 (March 2010): 22-25; 64, interview with writer Chris Dimick, March 2010. www.ahima.org
- **“Down coding can get you in as much trouble as upcoding”** Hospital Compliance Watch, interview with Hospital Compliance Watch, 2010. <http://hospitalcompliance.com/archives.php?Keyword=rebecca+busch>
- **“How to spot those most likely to commit fraud”** Hospital Compliance Watch, interview with Hospital Compliance Watch, 2010. <http://hospitalcompliance.com/archives.php?Keyword=rebecca+busch>
- **“Sunshine Act Makes aggregate spend data transparent”** Hospital Compliance Watch, interview with Hospital Compliance Watch, 2010. <http://hospitalcompliance.com/archives.php?Keyword=rebecca+busch>
- **“Look for an accountant with healthcare experience”** The Doctor's Office a monthly newsletter by HCPro Inc., interview with Elyas Bakhtiari, October 11, 2007. <http://www.hcpro.com/>
- **“Pharmaceutical Diversion and Counterfeit Medications”** FraudSquad TV, interview with FraudSquad TV, July 2007. www.fraudcast.ca, www.fraudsquadtv.com
- **“12 Blues sue surgery centers over rent-a-patient scheme”** Private Payer News (April 2005) Vol. 2. No. 4 edition, interview with writer Nicholas Rummell, April 2005. www.decisionhealth.com
- **“RED FLAGS California medical providers dramatically over billed insurers for services rendered”** Phoenix New Times, interview with Paul Rubin, January 4, 2004. www.phoenixnewtimes.com
- **“California's rent-a-patient scam has reaped millions for greedy physicians, clinics, and patients”** Phoenix New Times, interview with Paul Rubin, December 18, 2003. www.phoenixnewtimes.com
- **“Health Plan Audits Stem Costs”** Crain's Chicago Business, interview with Lisa Bertagnoli, February 3, 2003.
<http://www.chicagobusiness.com>

Podcasts (4)

- **“Under the Microscope: Healthcare Fraud in 2013”** WFraud Talk, ACFE, Podcast, January 2013.
www.acfe.com/podcast-archive.aspx
- **“Cracking Down on Insurance Fraud”**, Healthcare Info Security, Podcast, June 1, 2010.
<http://www.healthcareinfosecurity.com/podcasts.php>
- **“How to Avoid Private Payer Fraud Investigations ... and Improve Your Billing”** Private Payer News Audio Conference, Podcast, June 21, 2005. www.decisionhealth.com

Rebecca M.S. Busch

President and CEO Medical Business Associates, Inc.

- “**Avoid the Deadly Traps in Managing Health Care Information**” White Collar Crime Fighter, Podcast, August 2002. www.wccfighter.com

Webinars (12)

- “**The Affordable Care Act and Cybersecurity-An Employer Perspective**”, The Institute of Internal Auditors, Audit Executive Center (IIA), June 19, 2014. <https://aec.theiia.org>
- “**The Growing Challenge of Medical Identity Theft**”, National Health Care Anti-Fraud Association (NHCAA), June 5, 2014. <http://www.fiercehealthpayer.com>
- “**A Look into Healthcare Fraud**”, Attachmate, August 31, 2011. www.attachmate.com
- “**Auditing for Fraud in Healthcare**”, White Collar Crime Fighter 101 LLC & FraudAware, July 27, 2011. www.fraudaware.com
- “**Healthcare Fraud, Waste and Abuse Prevention and Detection**”, Illinois Chamber of Commerce and CorVel Corporation, February 17, 2011. <http://www.corvel.com/>
- “**Tips to Identify Healthcare Fraud in a Workers’ Comp Setting**,” Illinois Workers’ Compensation Organization, December 12, 2010. <http://www.ilworkcomp.org/>
- “**Online NETS: Examining Electronic Medical Records (EMR)**” National Health Care Anti-Fraud Association (NHCAA), October 5, 2010. www.nhcaa.org
- “**Auditing for Fraud in Healthcare**”, White Collar Crime Fighter 101 LLC & FraudAware, September 22, 2010. www.fraudaware.com
- “**Online NETS: Examining Electronic Medical Records (EMR)**” National Health Care Anti-Fraud Association (NHCAA), September 8, 2010. www.nhcaa.org
- “**Health Care reform and Emerging Fraud Issues**” Association of Certified Fraud Examiners (ACFE), May 21, 2009. www.acfe.com
- “**Disallowing Charges, Medical Necessity, Unbelievability Denials, and Effective Appeals**” Healthcare Billing and Management Association (HBMA), April 23, 2009. <http://www.hbma.org>
- “**Workers’ Compensation Fraud: What Is Real and What Is Not**” Midwest Employers Casualty Company (MECC), April 26, 2007. www.mecc.com

Live Presentations, Workshops, & Training – International (6)

- “**Advance Medical Insurance Fraud Detection, Prevention and Data Analysis Techniques**” ACS Training Services, Dubai UAE November 4-5 2018
- “**Healthcare Insurance Fraud Training Workshop**” ACS, Hotel Towers Rotana, Dubai UAE February 25-26, 2018.
- “**Global Economy of Healthcare Fraud**” IIA 2015 International Conference Vancouver, Canada July 5 -7 2015
- “**Is That Drug You’re Taking Real, Counterfeit, or Adulterated?**” Vancouver ACFE Chapter and Institute of Internal Auditors Joint Fraud Conference, Vancouver, Canada, April 1, 2009. www.cfevancouver.com
- “**Drug Diversion, Fraud, and Prevention**” 2008 International Symposium on Pharmaceuticals in the Home and Environment: Catalysts for Change 6th Annual Maine Benzodiazepine Study Group Conference and 5th Annual Unused Drug Return Conference, South Portland, ME, November 10 – 11, 2008.
- “**Whistle Blower Choices...What Would You Do?**” IIA 2007 International Conference, Institute of Internal Auditors, Amsterdam, Netherlands, June 9, 2007. www.theiia.org

Live Presentations, Workshops, & Training – Domestic Government Sponsored (19)

- “**How Fraud Infects Healthcare: A look at the latest trends in healthcare fraud**” AGA Chicago Chapter Professional Development Training 2015, Chicago IL May 13, 2015
- “**Navigating Medical Records from an Audit, Analytic and Investigative Perspective**”, SafeGuard Services, LLC, Camp Hill, Pennsylvania, October 21, 2010. <http://www.safeguard-servicesllc.com/>.
- “**Conducting a Healthcare Fraud Investigation from a Pre-Payment Perspective**”, SafeGuard Services, LLC, Camp Hill, Pennsylvania, October 21, 2010. <http://www.safeguard-servicesllc.com/>.
- “**Electronic Medical Records**” NAMFCU 2009 Annual Training Conference, Louisville, KY September 17, 2009. www.namfu.net

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President and CEO Medical Business Associates, Inc.

- “**Healthcare Fraud: Advanced Topics and Training**” Texas State Auditor’s Office, Austin Texas, August 17 - 18, 2009. <http://www.sao.state.tx.us>
- “**Specialized Skills In Medicaid Fraud Detection**” Medicaid Integrity Institute, Office of Legal Education, Department of Justice, Executive Office for US Attorneys, Columbia, South Carolina, June 10, 2009. <http://www.usdoj.gov/usao/eousa/ole/mii>
- “**The Auditigators Role in Finding Trigger Points for Fraud**” US Department of Health and Human Services, OIG, Office of Audit Services, Chicago Regional Training Conference, Chicago, Illinois, April 21, 2009. www.oig.hhs.gov
- “**Emerging Trends in Medicaid Pharmacy**” Medicaid Integrity Institute, Office of Legal Education, Department of Justice, Executive Office for U.S. Attorneys, Columbia, South Carolina, March 4, 2009. <http://www.usdoj.gov/usao//eousa/ole/mii>
- “**Healthcare Fraud Training Course**” Custom Training for the Department of Labor, Chicago, Illinois, October 2, 2007. www.acfe.com
- “**Recommended Requirements for Enhancing Data Quality in Electronic Health Records**” American Health Information Community, Department of Health & Human Services Office of the National Coordinator for Health Information Technology, Panel Member, Washington, DC, September 18, 2007. www.hhs.gov/healthit/
- “**Healthcare Fraud Training Course**” Custom Training for General Accounting Office (GAO), Washington, DC. August 28 – 29, 2007. www.acfe.com
- “**Electronic Health Care Fraud: Audit and Detection**” U.S. Department of Health & Human Services, Office of Inspector General, Senior Staff Conference, Washington, DC, May 2, 2007. www.cms.gov
- “**How to Data Mine Clinical Records – Case Study Approach on the Breakdown of a Medical Record and How to Look for Clues**” Texas Department of Health and Human Services-OIG Summit, Austin Texas October 5, 2006.
- “**Understanding Provider Operations – Case Study Approach on Learning What Is Normal – So Abnormal Jumps Out**” Texas Department of Health and Human Services- OIG Summit, Austin, Texas, October 5, 2006.
- Custom Training: “**Internal Controls: Auditing Vendor TPA’s; Provider Pricing: Healthcare Delivery Overview**” Texas Health and Human Services Commission, Austin, Texas, April 25, 2005. www.hhsc.state.tx.us
- “**The Fourth Annual Cyber Security Summit**” Raymond James Financial, FBI and the University of South Florida, Tampa, Florida, February 8 – 9, 2006. <http://cybersecurity06.usf.edu/>
- “**Report on the Use of Health Information Technology to Enhance and Expand Health Care Anti-fraud Activities**” Office of the National Coordinator for Health Information Technology (ONC), Expert Panel Member, Washington, D.C., June 2005 – October 2005. <http://www.hhs.gov/healthit/hithca.html>
- Commission Title: “Achieve synergy through coordinated efforts by applying a global perspective to effectively identify, detect, and prevent health care fraud.” Texas Health and Human Services Commission, Austin, Texas, August 23, 2005. www.hhsc.state.tx.us
- “**Analytic & Data Mining Techniques**” Midwestern Intergovernmental Audit Forum: Auditing in the Millennium, Chicago, Illinois, March 13 - 14, 2004. www.auditforum.org www.ci.chi.il.us

Live Presentations, Workshops, & Training – Domestic Consumer (4)

- “**Healthcare Fraud, Waste and Abuse Prevention and Detection**”, CorVel Corporation, May 5, 2011. <http://www.corvel.com/>
- UBS Financial Series “**Planning for Your Health Care in Retirement**”, UBS Financial Services, Oak Brook, Illinois, December 1, 2010.
- “**Health Care Reform: Survival of the Fittest – How to Cut Costs, Empower your Business & Engage Your Employees,**” National Association of Women Business Owners Chicago Chapter (NAWBO), Chicago, Illinois, October 14th, 2010. <http://www.nawbochicago.org/>
- Harris Bank Series “**Planning for Your Health Care in Retirement**”, Harris Investor Services, Inc., Chicagoland area, October 5th, 6th, 7th, 12th, 13th, & 27th, 2010. <https://www4.harrisbank.com/secure>

Live Presentations, Workshops, & Training – Domestic Professional (134)

2015 - 2021: 18

- “**Health Care Fraud in the Time of COVID-19: Current Trends and New Risks**”, ACFE Global Fraud

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President and CEO Medical Business Associates, Inc.

Conference, Virtual, June 21, 2021.

- “**Incorporating Data Management/Technology Patient Assessment Tool within Your LCP**”, IARP Summer Series, Virtual, September 2, 2020.
- “**Data Readiness in the Healthcare System**”, CAHIMA Education Meeting, Forest Park, IL, March 6, 2020.
- “**The Patient Perspective on Roadblocks in Access to Healthcare Services...Tales from the Front Line**”, HEALTHSTLX Conference, St. Louis, MO, October 17, 2019.
- “**The Many Faces of Healthcare Fraud**”, Allstate, Encompass & Esurance Insurance Companies, Northbrook, IL, September 20, 2017.
- “**Managing the Notion of UCR in a Life Care Plan**”, IARP Annual Conference, Pittsburgh, PA, October 22, 2016.
- “**Evolution in the C-Suite: Managing the Explosion of Healthcare Data**”, 27th Annual ACFE Global Fraud Conference, Las Vegas, Nevada, June 13, 2016.
- “**Work Comp Runs Amok - How to Manage Fraud Within Your Workers' Compensation Program**”, MSIA Spring Conference, Grand Rapids MI, June 2, 2016
- “**The Latest Trends in Healthcare Fraud**” 16th ACFE Annual Emerging Trends in Fraud Conference, Columbus, Ohio, May 10, 2016 www.acfe.com.
- “**It's All About the Data**” 16th ACFE Annual Emerging Trends in Fraud Conference, Columbus, Ohio, May 11, 2016 www.acfe.com.
- “**Privacy Risk Considerations in Healthcare**” 2015 Illinois ICPAS Healthcare Compliance & Fraud Conference. November 5, 2015 www.icpas.org
- “**Health Fraud Update**” Chicago Chapter of ACFE; Federal Reserve Bank, Chicago IL August 14, 2015 www.acfchicago.org
- “**Will the REAL Dr. John Smith Please Stand Up?**” A look at the latest trends in health care fraud, 26th Annual ACFE Global Fraud Conference, Baltimore MD, June 15-17, 2015 www.acfe.com
- “**It's All About the Data When it Comes to Fraud, Risk, and Compliance**” The Fourth Annual Chicagoland Fraud Conference, IIA, Hoffman Estates IL May 29, 2015 www.theiia.org
- “**The Many Faces of Healthcare Fraud**” The 2015 Maryland Fraud Conference Baltimore MD, May 4, 2015
- “**Managing Healthcare Data from the C-Suite**” 55th Annual IIA Chicago Chapter Annual Seminar March 30, 2015, Rosemont IL www.theiia.org
- “**Global Economy of Healthcare Fraud**” Eastern Claims Conference, New York City, NY, February 23, 2015 <http://www.easternclaimsconference.com/>
- “**Auditing/Interpreting the Electronic Health Record**” Eastern Claims Conference, New York City, NY, February 23, 2015 <http://www.easternclaimsconference.com/>

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- “**Cost-Containment It's All About the Data**” mHealth Summit 2014, Washington, DC, December 8, 2014, <http://www.mhealthsummit.org/>
- “**Healthcare Fraud**” Association of Certified Fraud Examiners (ACFE), Los Angeles, CA, September 8-9, 2014, www.acfe.org
- “**Creative Solutions with Collaboration and Managing Your INVISION Patient Accounting Toolkit**” Innovations IT '14 Conference, Tampa, FL, August 13, 2014. <https://www.creativegroupinc.com/ITInnovations2014>
- “**Healthcare Fraud and The Affordable Care Act**” The Third Annual Chicagoland Fraud Conference, Hoffman Estates, May 30, 2014. <https://chapters.theiia.org/northwest-metro-chicago>
- “**Healthcare Fraud and The Affordable Care Act**”, Institute of Internal Auditors Chicago (IIA-Chicago) IIA Chicago Chapter 54th Annual Seminar, Rosemont, Illinois, April 7, 2014. www.iachicago.org.
- “**Healthcare Reform and Its Impact on Employee Benefit Plans**”, IIA Long Island Chapter, Training Session, Melville, NY, October 18, 2013 <https://chapters.theiia.org/long-island/Pages/default.aspx>
- “**Managing a Usual Customary and Reasonable Analysis From a Multidisciplinary from a Multiple Disciplinary Practice Practice in the Development of a Life Care Plan**”, International Association of Rehabilitation Professionals, 2013 Annual Seminar, Naperville, Illinois, September 19, 2013 www.rehabpro.org
- “**Advanced Healthcare Fraud Course,**” Association of Certified Fraud Examiners (ACFE), Cleveland, OH, September 5 -6, 2013 www.acfe.org
- “**The Competitive Advantage of the CFE Certification**”, Professional Development Panel, 24th Annual

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ACFE Global Fraud, Las Vegas, Nevada, June 23-27, 2013, www.acfe.org

- **“How to Manage Change, While continuing to Keep Customers Happy”**, Key Note Speaker, Midwest Claims Conference, Bloomingdale, Illinois, May 1-2, 2013. www.chicagoclaimassoc.org.
- **“Healthcare Reform and its Impact on Employee Benefit Plans”**, Institute of Internal Auditors Chicago (IIA-Chicago) IIA Chicago Chapter 53rd Annual Seminar, Rosemont, Illinois, April 15, 2013. www.jiacicago.org.
- **“How to Conduct a Fraud Assessment”**, American Association of Legal Nurse Consultants (AALNC) 2013 Legal Nurse Consulting Educational and Networking Forum, Chicago, Illinois, April 5, 2013. www.aalnc.org.
- **“Medical Identity Theft and its Impact on HIM”**, Illinois Health Information Management Association (ILHIMA) 2013 Annual Conference, Tinley Park, April 4, 2013. www.ilhima.org
- **“The Art of Auditing Electronic Medical Records”**, Annual Eastern Claims Conference, New York, New York, February 27, 2012. www.easternclaimsconference.com
- **“Healthcare Fraud: A Case Study,”** Annual Eastern Claims Conference, New York, New York, February 27, 2012. www.easternclaimsconference.com
- **“PHI Run Amuck – What Is the Illicit Value of PHI?”** Healthcare Financial Management Association (HFMA) Compliance Conference, Chicago, Illinois, January 26th, 2012. <http://www.firstillinoishfma.org/>
- **“Patient Data Safety: Healthcare Fraud – Case Studies on Organized Crime in Relation to Patient Safety,”** Chicagoland Patient Safety Summit EXPO, Chicago, Illinois, September 16, 2011. <http://cpss2011.mesatech.com/>
- **“Protecting Your Health Information in Divorce Court”** 2012 Divorce Expo August 18, 2012, Naperville, IL
- **“Red Flags of Organized Crime & Other Ethically Challenged Behaviors that Filter Through the Audit Process”**, American Association of Medical Audit Specialists (AAMAS) Annual Conference, Dallas, Texas, April 7, 2011. <http://aamas.org/>
- **“Medical Necessity in Auditing”**, American Association of Medical Audit Specialists (AAMAS) Annual Conference, Dallas, Texas, April 7, 2011. <http://aamas.org/>
- **“New Fraud Units”**, Healthcare Financial Management Association (HFMA) Compliance Conference, Chicago, Illinois, March 3rd, 2011. <http://www.firstillinoishfma.org/>
- **“Medical Bills: Submitting them into evidence, Understanding their importance in Medicare Set Asides and Verifying Usual & Customary billing practices,”** Northwest Suburban Bar Association’s Fall Dinner Meeting, Chicago, Illinois, November 10, 2010.
- **“The Implications of Managing Personal Health Information (PHI) within Litigation – Including the Application of HIPAA & Medical Record Requests”**, Illinois Paralegal Association (IPA) Education Conference, Chicago, Illinois, November 4, 2010. <http://www.ipaonline.org/>
- **“Advanced Healthcare Fraud Course,”** Association of Certified Fraud Examiners (ACFE), Fort Lauderdale, Florida, September 20–21, 2010. www.acfe.org
- **“What Else Is Going on in the World of Healthcare Fraud?”** AHIA 29th Annual Conference, Baltimore, Maryland, September 13, 2010. www.ahia.org
- **“How to Conduct a Fraud Risk Assessment”** AHIA 29th Annual Conference, Baltimore, Maryland, September 13, 2010. www.ahia.org
- **“Trends in Diversion & Adulterated Product Activity”** NADDI New England Regional Conference, Cambridge, Massachusetts, June 30 – July 1, 2010. http://naddi.associationdatabase.com/aws/NADDI/pt/sp/home_page
- **“Healthcare Fraud”** Association of Certified Fraud Examiners, Baltimore, Maryland, June 29 – June 30, 2010. www.acfe.org
- **“How to Data Mine Claims for Fraud”** Midwest Claims Conference, Lake Geneva, Wisconsin, May 6, 2010. www.chicagoclaimsassoc.org
- **“How to Analyze Medical Records”** Midwest Claims Conference, Lake Geneva, Wisconsin, May 6, 2010. www.chicagoclaimsassoc.org
- **“The Impact of Medical Necessity on HIM Departments”** ILHIMA 2010 Annual Meeting, Peoria, Illinois, April 22 – 23, 2010. www.ilhima.org
- **“Integrating Healthcare Reimbursement within LNC Work”** American Association of Legal Nurse Consultants (AALNC) National Education Conference, Pittsburgh, Pennsylvania, March 27, 2010. www.aalnc.org
- **“Healthcare Reform and Its Impact on Healthcare Fraud”** Association of Certified Fraud Examiners (ACFE) – Chicago Chapter, Chicago, Illinois, March 19, 2010. www.acfechicago.org
- **“Electronic Medical Records & the NJ DOI: Integrating a Fraud Risk Assessment”** Annual Eastern Claims

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Conference, New York, New York, March 2, 2010. www.easternclaimsconference.com

- “**Avenues of Attack: Medical, Mail & Internet Fraud**” Annual Eastern Claims Conference, New York, New York, March 2, 2010. www.easternclaimsconference.com

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- “**Healthcare Internal Controls & Fraud**” Tennessee Society of CPAs Healthcare Conference, Franklin, Tennessee, November 30, 2009. www.tscpa.com
- “**Electronic Medical Records & Emerging Audit & Investigative Issues**” The National Healthcare Anti-Fraud Association Annual Conference, Orlando, Florida, November 17, 2009. www.nhcaa.org
- “**Fraud Issues in the Procure to Pay Process**” BSI Best Practices Summit for the Healthcare Industry, Chicago, Illinois, October 9, 2009.
- “**Advanced Concepts in Healthcare Fraud**” Association of Certified Fraud Examiners Boston, Massachusetts, September 10 – 11, 2009. www.acfe.org
- “**Medical Identity Theft and Internal Audit Considerations**” Annual American Health Internal Auditors Association, San Diego, California, August 31, 2009. www.ahia.org
- “**Emerging Healthcare Fraud and Internal Audit Considerations**” Annual American Health Internal Auditors Association, San Diego, California, August 31, 2009. www.ahia.org
- “**Effective Denial Management – How to Say No When You Are Told NO!**” AHRA Annual Meeting, Las Vegas, Nevada, August 10, 2009. www.ahraonline.org
- “**Health Care Reform and the New Opportunities for the Ethically Challenged**” 20th Annual ACFE Fraud Conference and Exhibition, Las Vegas, Nevada, July 12 – 17, 2009. www.acfe.com
- “**Medical Identity Theft**” The National Healthcare Anti-Fraud Association, Cambridge, Massachusetts, April 29, 2009. www.nhcaa.org
- “**EMR-Fraud Challenges and Implications for Investigators**” The National Healthcare Anti-Fraud Association, Cambridge, Massachusetts, April 29, 2009. www.nhcaa.org
- “**Medicare Legislation Changes – Medical Severity DRG's, the Biggest Change in Medical Billing in 25 Years**” Annual Eastern Claims Conference, Panel Member, New York, New York, March 2, 2009.
<http://www.easternclaimsconference.com/>
- “**New Fraud Trends on How to Break the Claims Adjudication System and Take Your Money.**” Annual Eastern Claims Conference, New York City, New York, March 1, 2009.
<http://www.easternclaimsconference.com/>
- “**CMS Market Benchmarks**” The National Healthcare Anti-Fraud Association, Orlando, Florida, February 26, 2009. <http://www.nchaa.org>
- “**Workers' Compensation Fraud – The Latest Trends in How to Take Your Money**” 6th Annual National Workers' Compensation Insurance ExecuSummit Uncasville, Connecticut, February 3, 2009.
www.execusummit.com
- “**Disallowing Charges, Medical Necessity, Unbelievability Denials and Effective Appeals**” Healthcare Billing Management Association Spring Conference, Washington, DC, January 22, 2009. www.hbma.org
- “**Healthcare Fraud**” Two day advanced course by the Association of Certified Fraud Examiners, Columbus, Ohio, October 16 – 17, 2008. www.acfe.com
- “**From Bad to Diverse: Private Sector Anti-Fraud Efforts, If There Are “Best Practices” in Anti-fraud Efforts There Must also Be “Worst Practices”**” 19th ACFE Fraud Conference and Exhibition Panel Member, Boston, Massachusetts, July 16, 2008. www.acfe.com
- “**Medical Billing and Fraud and Its Impact on Workers Compensation Claims**” The National Council of Self-Insurers 2008 Annual Meeting, Naples, Florida, June 1 – 4 2008.
www.natcouncil.com
- “**Data Analytics in an Emerging E-healthcare Marketplace: Considerations to Be Made in Forensic Analysis of PHI**” 28th Annual IARP Conference and Life Care Planning Summit, Los Angeles, California, May 17, 2008. <http://www.rehabpro.org/>
- “**Employee Benefits Plans: How Much Are You Funding 3rd Party Fraudsters?**” Fraud Forum: Awareness for Internal Auditors, International Institute of Internal Auditors, Bonita Springs, Florida, May 14 – 16, 2008.
- “**Healthcare Fraud in the Emerging E-Health World**” AALNC 2008 National Educational Conference, Tampa, Florida, April 10, 2008. www.aalnc.org
- “**LCP's...How to Select the Right CPT Codes and Determine Usual & Customary Pricing and the Pitfalls**

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- **to Avoid”** AALNC 2008 National Educational Conference, Tampa, Florida, April 10, 2008. www.aalnc.org
- **“Fraud – What the Ethically Challenged Are up to These Days”** IIA Annual Chicago Chapter Seminar, Chicago, Illinois, April 7, 2008. www.iaa.org/chapters/chicago
- **“Healthcare Fraud”** Two day advanced course by the Association of Certified Fraud Examiners, Orlando, Florida, March 20 – 21, 2008. www.acfe.com
- **“Healthcare Fraud”** Two day advanced course by the Association of Certified Fraud Examiners, San Francisco, California, November 8 – 9, 2007. www.acfe.com
- **“Interview Techniques for Auditors When Dealing with Ethical Challenges in IT Related Risks”** IIA All Star Conference, International Institute of Internal Auditors, Las Vegas, Nevada, October 22, 2007. www.theiiag.org
- **“A Must Have Auditor Check List for Vulnerabilities to Theft, Embezzlement, False Claims, and EVEN Organized Crime in the Healthcare Environment”**. Association of College and University Auditors Annual Conference, Atlanta, Georgia, October 1, 2007. www.acua.org
- **“Healthcare Fraud”** Two day advanced course by the Association of Certified Fraud Examiners, Philadelphia, Pennsylvania, August 21 – 22, 2007. www.acfe.com
- **“Is that Drug You’re Taking Real, Counterfeit, or Adulterated?”** 18th Annual ACFE Fraud Conference and Exhibition, Orlando, Florida, July 15 – 20, 2007. www.acfe.com
- **“Did He Really Do It? Using Technology to Blend Clinical and Financial Health Care Data”** AALNC 2007 National Educational Conference, Austin, Texas, April 27, 2007. www.aalnc.org
- **“Interview Techniques for Auditors When Dealing with Ethical Challenges in IT Related Risks”** The IIA 2007 Information Technology Conference, Scottsdale, Arizona, April 23-25, 2007. www.theii.org
- **“Medical Records – Analyzing Paper and Electronic Records”** Training Solutions Group, Austin, Texas, March 8 – 9, 2007. www.solutionstraininggroup.com
- **“Healthcare Fraud & the Medical Record”** 17th Annual National Association of Drug Diversion Investigators (NADDI), Louisville, Kentucky, November 17, 2006. www.naddi.org
- **“Workers' Compensation Fraud: Screening for the Ethically Challenged”** National Workers' Compensation and Disability Conference & Expo, Las Vegas, Nevada, November 15, 2006. www.wccconference.com
- **“Healthcare Fraud Update”** Illinois CPA Society Annual Fraud Conference, Chicago, Illinois, November 7, 2006. www.icpas.org
- **“Healthcare Fraud”** Two day advanced course by the Association of Certified Fraud Examiners, Salt Lake City, Utah, October 17 – 18, 2006. www.cfenet.com
- **“Drug Diversion and other Pharmaceutical Mischief by the Ethically Challenged”** National Biopharmaceutical Security Council (NBSC), San Francisco, California, October 4, 2006.
- **“Healthcare Fraud”** Two day advanced course by the Association of Certified Fraud Examiners, Baltimore, Maryland, June 8 – 9, 2006. www.cfenet.com
- **“Healthcare Fraud Update”** Solutions Training Group, Austin, Texas, February 28 – 29, 2006. www.cfenet.com
- **“Healthcare Fraud”** Two day advanced course by the Association of Certified Fraud Examiners, New York City, New York, February 16 – 17, 2006. www.cfenet.com
- **“Employer Benefit Fraud Schemes”** New Jersey Chapter Meeting of the Association of Certified Fraud Examiners, New Jersey, February 16, 2006.
- **“Healthcare Fraud”** Two day advanced course by the Association of Certified Fraud Examiners, Las Vegas, Nevada, December 12 – 13, 2005. www.cfenet.com
- **“Preventive & Diagnostic Tests a Financial & Reimbursement Perspective”** 2005 Medical Wellness Summit, Chicago, Illinois, November 5, 2005. www.collegeofwellness.org
- **“Understanding Health Care Fraud”** Maryland Association of Certified Public Accountants, Inc., Towson, Maryland, October 5, 2005.
- **“Evaluating Health Care Benefit Risks”** 2005 Institute of Internal Auditors (IIA) International Conference, Chicago, Illinois, July 12, 2005. www.theii.org
- **“Health Care Fraud Update”** 16th Annual Fraud Conference & Exhibition, Washington, DC, July 11, 2005. www.cfenet.com
- **“Healthcare Fraud”** Two day advanced course by the Association of Certified Fraud Examiners, Chicago, Illinois, May 5 – 6, 2005. www.cfenet.com
- **“Providers and the Reality of Health Care Today”** NHCAA Institute for Health Care Fraud Prevention Conference, Atlanta, Georgia, March 23, 2005. www.nhcaa-institute.org

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- **"Healthcare Fraud":** Two day advanced course by the Association of Certified Fraud Examiners, Charlotte, North Carolina, March 22 – 23, 2005. www.cfenet.com
- **"Internal Audit Perspective: How Do Fraudsters Target Cash Rich Dollars in Employee Health Benefit Programs?** Institute of Internal Auditors and the Association of Certified Fraud Examiners, Cleveland, Ohio, January 10, 2005. www.cfenet.com, www.theiia.org
- **"PHI Audits: The Global Use of Protected Health Information in Organized Crime, Is Your Organization Ready?"** The 14th Congress of International Federation of Health Records Organizations in conjunction with the AHIMA 76th National Convention and Exhibit, Washington, DC, October 12, 2004. www.ahima.org
- **"Data Mining & Denial Management"** American Association of Healthcare Administrative Management, Bloomington, Illinois, September 16, 2004. www.ilaham.com, www.aaham.com
- **"Auditing Employer Benefit Plans for Fraud Schemes"** The Annual Fraud and Ethics Conference for the Institute of Internal Auditors, Chicago, Illinois, August 3, 2004. www.theiia.org
"Avoiding the Pitfalls of Protected Health Information and Fraud" 15th Annual Fraud Conference and Exhibition Association of Certified Fraud Examiners Las Vegas, Nevada, July 12 – 14, 2004. www.cfenet.com
- **"New Emerging Strategies by the Ethically Challenged to Tap into Your Health Plan Benefit Money – Are You Ready?"** Health Care Fraud Prevention and Funds Recovery Summit, Washington, DC, June 23, 2004. www.worldrg.com
- **"The Role of Integrated Technology in Homeland Security"** American College of Forensic Examiners International, 2004 Homeland Security Conference, Arlington, Virginia, May 20, 2004. www.acfei.com
- **"Advanced Practice Issues in Health Care Forensics: Application of Research, Data Mining and Investigation Techniques in New Emerging Fraud Schemes"** American Association of Legal Nurse Consultants, Chicago, Illinois, March 31, 2004. www.aalnc.org
- **"PHI Technology Audits: How to Leverage Emerging Technology to Combat Health Care Fraud and Abuse through Protected Health Information Audits."** Institute International of Research, Las Vegas, Nevada, January 28 – 30, 2004. www.iirusa.com
- **"Practice Development & Market Opportunity: How to Improve Your Practice Margins and Revenue Streams Through Operational Audits and Market Evaluations"** Chicago, Illinois, October 24, 2003. www.chicagoreviewcourse.com
- **"Insurance Vendor Fraud Audits – How to Detect Healthcare Fraud"** 14th Annual Fraud Conference and Exhibition Association of Certified Fraud Examiners, Chicago, Illinois, August 2003. www.cfenet.com
- **"Making a Big Impact with Employer Benefit Audits"** Institute of Internal Auditors: International Annual Conference, Las Vegas, Nevada, June 23, 2003. www.theiia.org
- **"Life Care Planning: How They Impact Your Business Operations"** Health Financial Management Association Continuum of Care Conference, Oakbrook, Illinois, April 17, 2003. www.hfma.org
- **"Case Study: Financial Analysis of the Life Care Plan"** Mosby Advanced Practice Case Management Conference, Las Vegas, Nevada, March 28, 2003. <http://www.us.elsevierhealth.com>
- **"HIPAA 2003 Wake Up, Call Security, and Alert Operational Management of Privacy Provisions"** Sponsored by Cisco Systems, Freeborn & Peters, Remington Associates, LTD Chicago Athletic Association, Chicago, Illinois, February 27, 2003.
- **"Cost Methodology: Streamlining Your Life Care Plan"** University of Florida, Intellicus, 7th Annual Life Care Planning Conference, Reno, Nevada, October 2002.
- **"The Effects of Privacy Regulations on Health Care Fraud Investigations & Audits"** 13th Annual Fraud Conference & Trade Show, Hollywood, California, August 2002.
- **"Overview on How to Identify Exposure to Loss in Administering Their Health Insurance Plans, Discussion on Financial Errors, Medical Errors, and Liability of Health Information Privacy Exposure, and Operational Issues in Administering Benefits Including Family Care & Medical Leave"** ASBO (Association of School Business Professionals) Annual School Board Spring Conferences, St. Charles, Illinois, April 2002.
- **"Red Flags Every Self-insured Employer Should Recognize"**, The Institute of Internal Auditors March 2002 Chicago, Illinois, March 2002.
- **"Risk Assessment, Implementation Strategies on Health Care Privacy Issues"** HIPAA SUMMIT WEST, San Francisco, California, 2001.
- **"Health Care Finance/Budgeting", "Critical Thinking and Strategic Problem Solving"** University of Illinois, Chicago, Illinois, 2001.

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- “**Understanding Physician Valuation**” Heath Care Informatics eMD Expo and Conference, 2000.
- “**Health Care Fraud and the Medical Record**”, “**Understanding the Legal Process**” American Association of Legal Nurse Consultants, Chicago, Illinois: 2000, 1997.
- “**Medical Record Documentation with respect to HCFA guidelines**” Humana: Florida Region, 1997.
- “**Medical Record Documentation with respect to HCFA guidelines**” Humana: Chicago Region, 1997.
- “**Health Care Reimbursement, Medical Record Documentation**” Chicago Bar Association, 1996.
- “**Negotiating an Effective DRG Commercial Contract**” Health Care Financial Management Association (HFMA) National Convention, Washington D.C., 1995.
- “**How to respond to requests for discounted payments and payment denials... (written and telephone skills)**”, “**Financial implications of medical record documentation**” Children's Memorial Hospital, Chicago, Illinois, 1995.
- “**The Financial, Clinical and Legal Impact of Medical Record Documentation**” Suburban Hospital, Hinsdale, Illinois, 1994.
- “**The Financial, Clinical and Legal Impact of Medical Record Documentation**” LaGrange Memorial Hospital, LaGrange, Illinois, 1993-1995.
- “**DRG's, Coding, and Hospital Reimbursement**” Chicago Metropolitan Health Care Council, Chicago, Illinois, 1992.
- “**Provider Charge Integrity Program**” Health Care Financial Network (HFN, Inc), Chicago, Illinois, 1991.
- “**DRG's in the Commercial Payer Environment**” College of DuPage, Glen Ellyn, Illinois, 1990.

Exhibit B

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Case List Forensic Expert Testimony 2021 – 2016 (11 Trials, 2 Arbitrations, 2 Hearings, 2 Sworn Statements, 14 Evidence Depositions, 108 Discovery Depositions) Total: 139

- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Teresa Pisarski vs. Kandasamy Madhumitha and Ramalakshmi Madhumitha, July 1, 2021. Hired by Law Offices of Cooney & Conway for the Plaintiff. Case: MVA
- **Arbitration: Usual, Customary and Reasonable Fee Analysis**, Rahsaan Liddell vs. Allstate Insurance Co. (UIM), June 29, 2021. Hired by Franco Moroney Buenik LLC for the defense. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, John Becker vs. Brian Wille Construction, Inc., et al., June 24, 2021. Hired by GWC Injury Lawyers LLC for the Plaintiff. Case: Wrongful Death
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Said Youssef vs. Omar Vitobaldi, June 4, 2021. Hired by Schwartz Gilligan, Ltd. for the Defense. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Jessica Pope vs. Phyllis E. Malek, June 2, 2021. Hired by Law Offices of Lee J. Schoen for the Plaintiff. Case: MVA
- **Trial: Compliance, Internal Controls**, Barbara Meier, et al. vs. UHS of Delaware, Inc., et al., May 26, 2021. Hired by The Law Offices of Frank L. Branson for the Plaintiff. Case: Compliance
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Billy Miller vs. Taylor Morrison of Illinois, Inc., et al., May 19, 2021. Hired by GWC | Goldberg, Weisman, Cairo, LLC for the Plaintiff. Case: Personal Injury
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Aaron Nash vs. Illinois State Tollway Highway Authority, et al., May 18, 2021. Hired by Law Offices of Kevin E. O'Reilly for the Plaintiff. Case: MVA
- **Deposition (Discovery): Focused Expense Analysis**, Carl Kollar vs. Ivan Elias Ramirez-Reseniz and Winters Landscape, Inc. April 30, 2021. Hired by Faklis, Tallis & Mead, P.C. for the Plaintiff. Case: Personal Injury
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Rudolph Stimac vs. BNSF Railway Company and Gary Railway Company, April 23, 2021. Hired by Hughes Law Offices for the Plaintiff. Case: Personal Injury
- **Sworn Statement: Usual, Customary and Reasonable Fee Analysis**, Marvin J. Oltman vs. Tyge Riddle and Tatiana J. Castillo, April 21, 2021. Hired by Beutel Hurst Boleky, LLC for the Plaintiff. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Shirley Ann Cheadle vs. James E. Megenhardt, April 8, 2021. Hired by Chapin & Long, P.C. for the Defendant. Case: MVA
- **Deposition (Evidentiary): Usual, Customary and Reasonable Fee Analysis**, Natchure Stockton vs. American Family Insurance Co., April 2, 2021. Hired by American Family Insurance Legal Department for the Defendant. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Laura Kellems vs. Michael Best, March 18, 2021. Hired by Heyl, Royster, Voelker & Allen, P.C. for the Defendant. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis and Life Care Plan Analysis**, Gabriella Heredia vs. Vivek Mishra, MD, Sudheer Paruchuri, MD, Affiliated Radiologists, S.C., and Rush University Medical Center, February 26, 2021. Hired by Dennis T. Schoen, P.C. for the Plaintiff. Case: Medical Negligence
- **Deposition (Evidentiary): Usual, Customary and Reasonable Fee Analysis**, Scott Brown vs. UIM, February 25, 2021. Hired by Freeark, Harvey & Mendilli, P.C. for the Defendant. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Thomas J. Skala vs. Stephanie L. Turner and Blue Cap Foundation, Inc., February 22, 2021. Hired by Dana Crowley & Associates for the Defendant. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Robert K. Pedersen vs. Elmhurst-Chicago Stone Company, January 26, 2021. Hired by Clifford Law Offices, P.C. for the Plaintiff. Case: Personal Injury
- **Deposition (Evidentiary): Usual, Customary and Reasonable Fee Analysis and Focused Expense Analysis**, Sandra Devine vs. XPO Logistics Freight, Inc., et al., January 21, 2021. Hired by Woodruff, Johnson, & Evans for the Plaintiff. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis and Focused Expense Analysis**, Alexandra Cascone vs. RBP Oak Brook LLC, et al., December 31, 2020. Hired by GWC | Goldberg, Weisman, Cairo, LLC for the Plaintiff. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Anna Maria Sblendorio vs. Krystina Caputo and Mark Iodice, December 17, 2020. Hired by Spencer Law Offices, P.C. for the Plaintiff. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Angela D. Mitchell vs. Megabus USA,

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LLC, et al, December 10, 2020. Hired by Kaveny + Kroll for the Plaintiff. Case: MVA

- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Beth M. Szczygielski vs. Eric Yee Shun Chu, October 7, 2020. Hired by Bruce Farrel Dorn & Associates for the Defendant. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Glinda L. Holmes vs. Ryan Hinsdale and Thomas Hinsdale, September 16, 2020. Hired by Law Office of Capuani & Schneider for the Defendant. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Nancy Calvert vs. Anthony Ellis and JC Toland Painting, LLC, September 4, 2020. Hired by GWC | Goldberg, Weisman, Cairo, LLC for the Plaintiff. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Eugene C. Calvert vs. Anthony Ellis and JC Toland Painting, LLC, September 4, 2020. Hired by GWC | Goldberg, Weisman, Cairo, LLC for the Plaintiff. Case: MVA
- **Deposition (Evidentiary): Usual, Customary and Reasonable Fee Analysis and Focused Expense Analysis**, Pamela A. DiLeo vs. Meijer, Inc., August 25, 2020. Hired by Patricoski Law Offices, P.C. for the Plaintiff. Case: Fall
- **Deposition (Evidentiary): Usual, Customary and Reasonable Fee Analysis**, Dancy L. Bateman vs. State Farm, August 13, 2020. Hired by The Law Offices of Eugene K. Hollander for the Plaintiff. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Clara Garcia vs. Matthew D. Freeman, M.D., et al., Circuit Court of Cook County, August 6, 2020. Hired by Cirignani, Heller & Harman, LLP for the Plaintiff. Case: Medical Malpractice
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Dancy L. Bateman vs. State Farm, June 25, 2020. Hired by The Law Offices of Eugene K. Hollander for the Plaintiff. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Kelly Reznicek vs. Memory Lanes Stables, Inc., Circuit Court of Cook County, June 5, 2020. Hired by Leonard Law Group for the Plaintiff. Case: Fall
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Lisa Sokolsky vs. Emily Maloney, Circuit Court of Cook County, April 8, 2020. Hired by Gainsberg Law, P.C. for the Plaintiff. Case: MVA
- **Deposition (Discovery): Focused Expense Analysis**, Brad Eshoo vs. Christopher Muynck, Circuit Court of Cook County, March 25, 2020. Hired by Quinn Law Group, LLC for the Plaintiff. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Steven A. Henderson vs. LOFTS at Lake Arlington Towne Condominium Association, et al., Circuit Court of Cook County, January 28, 2020. Hired by Lerum Law Firm for the Plaintiff. Case: Fall
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Guadalupe Munoz vs. River Point, LLC, et al., Circuit Court of Cook County, December 11, 2019. Hired by Morici, Figlioli and Associates for the Plaintiff. Case: Fall
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Dwayne Davis vs. Pace Suburban Bus Division of the Regional Transportation Authority, et al., Circuit Court of Cook County, November 22, 2019. Hired by Susan E. Loggans & Associates, P.C., for the Plaintiff. Case: Fall
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis and Focused Expense Analysis Rebuttal**, Patricia A. Nicholson vs. Hong Lu and Advantage Sales & Marketing, LLC, Circuit Court of Cook County, November 19, 2019. Hired by Kelley Kronenberg, for the Defense. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis and Focused Expense Analysis**, Dosseh Ekue vs. Flora Davis, et al., Circuit Court of Cook County, November 18, 2019. Hired by Lane and Lane, Ltd., for the Plaintiff. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Edwin Stade vs. Vilas Jain, Circuit Court of Cook County, November 12, 2019. Hired by Schwartz Gilligan for the Defense. Case: MVA
- **Sworn Statement: Usual, Customary and Reasonable Fee Analysis**, Zbigniew Stojanowicz vs. Allstate Insurance, November 11, 2019. Hired by Schwartz Gilligan for the Defense. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis** Fernando and Susie Villarreal vs. Walsh Construction Company, Circuit Court of Cook County, October 23, 2019. Hired by GWC; Goldberg, Weisman, Cairo, Case: Personal Injury
- **Deposition (Evidentiary): Usual, Customary and Reasonable Fee Analysis** Jeffrey Jackson vs. Brittany Johnson, Circuit Court of Madison County, October 22, 2019. Hired by Reed, Armstrong, Mudge, & Morrissey, P.C., Case: Personal Injury
- **Deposition (Discovery): Life Care Plan Analysis**, Sharon and Edward Schussler vs. Collette Major, et al, Circuit Court of Cook County, October 16, 2019. Hired by Robbins, Solomon, and Patt, LTD. for the Plaintiff. Case: Medical Malpractice

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- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis** Netta Jackson vs. Dallas D.C. Kempia, Circuit Court of Cook County, October 2, 2019. Hired by Bruce Farrel Dorn & Associates Counsel for State Farm Insurance for the Defense., Case: Personal Injury
- **Deposition (Evidentiary): Usual, Customary and Reasonable Fee Analysis**, Chantel and Robert Carlin vs. Sheetal Shah, D.O. and Advocate Health and Hospitals Corporation d/b/a, Advocate Medical Group and Illinois Corporation, Circuit Court of Cook County, September 18, 2019. Hired by James Sanford for the Plaintiff. Case: Medical Malpractice
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis** Jeffrey Jackson vs. Brittany Johnson, Circuit Court of Madison County, September 11, 2019. Hired by Reed, Armstrong, Mudge, & Morrissey, P.C., Case: Personal Injury
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis** Maverick Davis vs. Jason Mistretta as Special Representative of James Edward Taylor Jr., Deceased, Two Men and a Truck, TMT Chicagoland, LLC dba Two Men and a Truck ILLC Ean Holdings LLC, Enterprise Leasing of Chicago, LLC, Circuit Court of Cook County, September 10, 2019. Hired by Brenner, Monroe, Scott, Anderson, LTD. for the Plaintiff Case: Personal Injury
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis** Valerie Gray Schultz vs. Charles Kelsh, Circuit Court of Cook County, July 24, 2019. Hired by Busse, Busse & Grassé, P.C. for the Defense. Case: Personal Injury
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis and Life Expense Analysis**, Elmar Bingcang vs. Matthew Waterman and the City of Elgin, Circuit Court of Cook County, July 23, 2019. Hired by Keating Law Office, P.C., for the Plaintiff. Case: Personal Injury
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis and Focus Expense Analysis**, Ronald Basenberg vs. Northeast Illinois Regional Commuter Railway Company d/b/a/Metra, Circuit Court of Cook County, July 18, 2019. Hired by Cogan & Power, P.C., for the Plaintiff. Case: Personal Injury
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis and Focus Expense Analysis** Jeffrey Burke and Lisa Songer-Burke vs John Maneely Company, Circuit Court of Cook County, July 12th, 2019. Hired by Paulsen, Malec & Malartsik, Ltd. for the Defense. Case: Personal Injury
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Aaron Dills vs. Mark Weber, Circuit Court of Saint Clair County, July 2nd, 2019. Hired by Freeark, Harvey, Mendilli, P.C. for the Defense. Case: Personal Injury
- **Trial: Usual, Customary and Reasonable Fee Analysis and Life Care Plan Analysis**, Rudolph Das vs. Kenny Construction Company, et al, Circuit Court of Cook County, June 28, 2019. Hired by Morici, Figlioli & Associates for the Plaintiff. Case: Personal Injury
- **Deposition (Discovery): Revenue Cycle, Contract Analysis**, Reid Hospital and Health Care Services vs. Conifer Revenue Cycle Solutions, LLC, United States District Court Southern District of Indiana Indianapolis Division, Case No. 1:17-cv-01422, May 30, 2019. Hired by Starr, Austen and Miller, LLP for the Plaintiff. Case: Breach of Contract
- **Deposition (Evidence): Usual, Customary and Reasonable Fee Analysis**, David B. Jones vs. Masterbrand Cabinets, Inc., Circuit Court of Macon County, June 3, 2019. Hired by Clifford Law Offices for the Plaintiff. Case: Personal Injury
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, David B. Jones vs. Masterbrand Cabinets, Inc., Circuit Court of Macon County, April 3, 2019. Hired by Clifford Law Offices for the Plaintiff. Case: Personal Injury
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Mary I. Rybarczyk vs. Jewel Food Stores, Inc. et al, Circuit Court of County, April 2, 2019. Hired by Faklis, Tallis & Mead for the Plaintiff. Case: Personal Injury
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Omar Ochoa vs. Rolin Rapp, et al, Circuit Court of DuPage County, April 1, 2019. Hired by Sandman, Levy & Petrich, LLC for the Plaintiff. Case: MVA
- **Deposition (Discovery), Continuation: Usual, Customary and Reasonable Fee, Revenue Cycle Analysis**, GSP d/b/a Interim HealthCare, Inc. vs. Liberty Mutual Insurance Company, et al, Circuit Court of Cook County, March 28, 2019. Hired by Lynch Thompson, LLP for the Plaintiff. Case: Compliance
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, David Alan Myslinski vs. Maneval Construction Company, Inc. et al, Circuit Court of Cook County, March 27, 2019. Hired by GWC | Goldberg · Weisman · Cairo for the Plaintiff. Case: Personal Injury
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Barbara Seng vs. Northwestern Lake Forest Hospital, Circuit Court of Cook County, March 19, 2019. Hired by Dudley & Lake, LLC for the Plaintiff. Case: Wrongful Death

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- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Chantel and Robert Carlin vs. Sheetal Shah, D.O. and Advocate Health and Hospitals Corporation d/b/a, Advocate Medical Group and Illinois Corporation, Circuit Court of Cook County, March 15, 2019. Hired by James Sanford for the Plaintiff. Case: Medical Malpractice
- **Deposition (Discovery): Medical Audit, Revenue Cycle Analysis**, Sarasota County Public Hospital vs. Multiplan, Inc., United States District Court Middle District of Florida Tampa Division, Case No. 8:18-cv-252-T-27AAS, March 14, 2019. Hired by Wolfe Pincavage, LLP for the Plaintiff. Case: Claims Review
- **Deposition (Discovery): Usual, Customary and Reasonable Fee, Revenue Cycle Analysis**, GSP d/b/a Interim HealthCare, Inc. vs. Liberty Mutual Insurance Company, et al, Circuit Court of Cook County, March 6, 2019. Hired by Lynch Thompson, LLP for the Plaintiff. Case: Compliance
- **Trial: Usual, Customary and Reasonable Fee Analysis**, Jeffrey Mejdrich vs. Road Legends Courier, Inc. et al, Circuit Court of Cook County, Case No. 2016 L 009654, March 1, 2019. Hired by Molzahn, Reed & Rouse, LLC for the Defense. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis and Life Care Plan Analysis**, Rudolph Das vs. Kenny Construction Company, et al, Circuit Court of Cook County, February 27, 2019. Hired by Morici, Figlioli & Associates for the Plaintiff. Case: Personal Injury
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Jeffrey J. Mejdrich vs. Derrick A. McDonald, et al, Circuit Court of Cook County, January 17, 2019. Hired by Molzahn, Reed & Rouse, LLC for the Defense. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Erin Goebel vs. Samuel McKeehan, Circuit Court of Madison County, December 14, 2018. Hired by Freeark, Harvey & Mendillo, P.C. for the Defense. Case: MVA
- **Trial: Usual, Customary and Reasonable Fee Analysis and Focused Expense Analysis**, Cruz H. Rubio vs. Jared M. Ashe, Circuit Court of Cook County, Case No. 2016 L 010541, December 12, 2018. Hired by Morici, Figlioli & Associates for the plaintiff. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis and Life Care Plan Analysis**, Bryan J. Vesely vs. Walsh Construction Company of Illinois, Inc., Circuit Court of Cook County, Case No. 15 L 004250, December 11, 2018. Hired by Morici, Figlioli & Associates for the plaintiff. Case: P.I. - fall at work
- **Deposition (Discovery): Focused Expense Analysis**, Jeremy M. Leitzen vs. James E. Stachour, Circuit Court for the Northern District of Illinois, November 23, 2018. Hired by the Law Offices of Ridge & Downes, P.C. for the Plaintiff. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Glenn Rivera and Evelyn Aguilan vs. Matthew Gevarghese, Circuit Court of Cook County, November 28, 2018. Hired by American Family Insurance Legal Department for the Defense. Case: MVA
- **Deposition (Discovery): Life Care Plan Analysis**, Ken Khuans vs. Northwestern Memorial Hospital, et al, Circuit Court of Cook County, November 20, 2018. Hired by Hurley, McKenna & Mertz, P.C. for the Plaintiff. Case: Medical Malpractice
- **Deposition (Discovery): Life Care Plan Analysis**, Robert Renier vs. City of Chicago, et al, Circuit Court of Cook County, November 19, 2018. Hired by Hurley, McKenna & Mertz, P.C. for the Plaintiff. Case: Bicycle Fall
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Jane Moroney vs. M. Scott Peckler, M.D., et al, Circuit Court of Cook County, October 16, 2018. Hired by Tomasz Kotin Kasserman for the Plaintiff. Case: Medical Malpractice
- **Trial: Usual, Customary and Reasonable Fee**, L.Q. Hampton vs. Mary Longstreet Madison, et al, Circuit Court of Cook County, September 13, 2018. Hired by Law Offices of Lee J. Schoen for the plaintiff. Case: MVA
- **Trial: Usual, Customary and Reasonable Fee and Focused Expense Analyses**, Judy Broglion vs. Delnor Community Hospital, et al., Circuit Court of Cook County, August 15, 2018. Hired by Law Offices of Cunningham Meyer & Vedrine, P.C. for the defense. Case: Medical Malpractice
- **Deposition (Discovery): Life Care Plan Analysis**, Sara E. Jones vs. Jack Gray Transport, Inc., and Jay S. Taylor, Northern District of Illinois, August 9, 2018. Hired by Bolgrien, Koepke, Kimes & Livingston, LLC for the Plaintiff. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Malissa Bader vs. Airoldi Brothers, Inc., et al, Circuit Court of Lake County, August 2, 2018. Hired by Sean Burke Law, LLC for the Plaintiff. Case: Medical Malpractice
- **Trial: Usual, Customary and Reasonable Fee and Focused Expense Analyses**, Nicole Tarkowski and Anthony Guzman vs. Northwest Community Hospital, et al., Circuit Court of Cook County, July 23, 2018. Hired by Cogan & Power, P.C. for the plaintiff. Case: Medical Malpractice

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- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis and Life Care Plan Analyses**, Natalia Soto, et al. vs. MacNeal Hospital and Charles Adamczyk, M.D., Circuit Court of Cook County, June 29, 2018. Hired by The Ball Law Group for the Plaintiff. Case: Medical Malpractice
- **Deposition (Discovery): Life Care Plan Analysis**, Elizabeth Hernandez vs. Kevin A. Noun and United Parcel Service, Inc., Circuit Court of DeKalb County, May 10, 2018. Hired by Lewis Brisbois Bisgaard & Smith, LLP for the Defense. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Maria Yolanda Gutierrez vs. Raymond Ellington, Jr., Circuit Court of Cook County, May 9, 2018. Hired by Schwartz Gilligan for the Defense. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Kahlil Karim vs. Alymkul Turgunbaev, et al, Circuit Court of Cook County, April 2, 2018. Hired by Clifford Law Offices for the Plaintiff. Case: MVA/pedestrian
- **Deposition (Discovery): Usual, Customary and Reasonable Fee and Focused Expense Analyses**, Nicole Tarkowski and Anthony Guzman vs. Northwest Community Hospital, et al., Circuit Court of Cook County, March 15, 2018. Hired by Cogan & Power, P.C. for the plaintiff. Case: Medical Malpractice
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Anne Tracy, et al. vs. Robert K. Erickson, M.D., et al, Circuit Court of Cook County, March 13, 2018. Hired by Wise Morrissey Kaveny, LLC for the Plaintiff. Case: Medical Malpractice
- **Deposition (Evidence): Usual, Customary and Reasonable Fee Analysis**, David Hakim vs. Safariland, LLC, et al, District Court for Northern District of Illinois Eastern Division, Case No. 1:15-cv-06487, March 12, 2018. Hired by Scanlan Law Group for the plaintiff. Case: P.I. – Gun Shot
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Lisa Baumgartner, et al., vs VPEN, Inc., an Illinois Corporation d/b/a 115 Bourbon Street, et al., Circuit Court of Cook County, February 12, 2018. Hired by William S. Wojcik, Ltd. for the Plaintiff. Case: MVA/pedestrian
- **Deposition (Evidence): Usual, Customary and Reasonable Fee Analysis**, Kevin S. Dunn vs. Joshua W. Weiss, Circuit Court Third Judicial Circuit Madison County, February 9, 2018. Hired by Freeark, Harvey & Mendillo, PC for the defense. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Kristen Dopke vs. Richard Lind, M.D., et al., Circuit Court of McHenry County, Case No. 13 LA 140, February 2, 2018. Hired by Dudley & Lake, Attorneys at Law for the plaintiff. Case: Medical Malpractice
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis and Focused Expense Analyses**, Ivan Jones vs. Berglund Construction Company, Circuit Court of Cook County, Case No. 2015 L 003483, January 26, 2018. Hired by The Law Offices of Cooney & Conway for the plaintiff. Case: P.I. - Fall
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Jamie Jones vs. John La Rocque, Circuit Court of Cook County, January 8, 2018. Hired by Stellato & Schwartz for the Defense. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Kazimierz Syska vs. Peter Misurec, M.D., et al, Circuit Court of Cook County, December 29, 2017. Hired by Cirignani, Heller & Harman, LLP for the Plaintiff. Case: Medical Malpractice
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, William Craig vs. Nadia Kendra, Circuit Court of Cook County, December 18, 2017. Hired by Cooney & Conway for the Plaintiff. Case: MVA/pedestrian
- **Deposition (Discovery): Focused Expense Analysis**, Sabrina Cuevas v. NorthShore University Healthsystem, et al., Circuit Court of Cook County, December 15, 2017. Hired by Cogan & Power for the Plaintiff. Case: Medical Malpractice & Wrongful Death
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Dane Balark vs. Louis Barton, Circuit Court of Cook County, October 27, 2017. Hired by Stellato & Schwartz for the Defense. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Hadi Hotak vs. Hasibullah Hamidi, et al., Circuit Court of Cook County, October 23, 2017. Hired by Klest Injury Law Firm for the plaintiff. Case: MVA
- **Deposition (Evidence): Usual, Customary and Reasonable Fee Analysis**, Sean Byrne vs. Alinana Konnikova, Viktoriya D. Konnikova, Circuit Court of Cook County, October 20, 2017. Hired by Burke Wise Morrissey & Kaveny, LLC for the plaintiff. Case: MVA
- **Deposition (Discovery): Focused Expense Analysis**, Edward McCarthy vs. Urban Interests, LLC, et al, Circuit Court of Cook County, Case No. 2015L005430, September 18, 2017. Hired by Burke Wise Morrissey & Kaveny, LLC for the plaintiff. Case: P.I. – head injury
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Julio C. Delgado vs. South Shore Iron Works, Inc., Circuit Court of Cook County, Case No. 13 L 13458, September 7, 2017. Hired by Morici, Figlioli &

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Associates for the plaintiff. Case: P.I. - fall at work

- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Luke Scobie vs. Absolutely Chicago Gliding Tours, LLC, Circuit Court of Cook County, Case No. 17 L 2717, August 25, 2017. Hired by Clifford Law Offices for the plaintiff. Case: P.I. – hit by Segway
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Miles Katzman vs. Albert Y. Bi, Circuit Court of Lake County, Case No. 15 L 751, June 23, 2017. Hired by Law Offices of SmithAmundsen, LLC for the defense. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Dashinka Ferguson vs. Michael Gordon, Circuit Court of Cook County, Case No. 16M1301993, June 19, 2017. Hired by Law Office of Steven A. Lihosit for the defense. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Vicente Gonzalez vs. Purdy Bros Trucking Co., a foreign Corporation, and Mark David Tipton, Circuit Court of Cook County, Case No. 2015 L 009749, June 16, 2017. Hired by LaBarge, Campbell & Lyon, LLC for the defense. Case: MVA
- **Deposition (Evidence): Usual, Customary and Reasonable Fee Analysis**, Kenya Sibley vs. A Plus Physicians Billing, et al, District Court for Northern District of Illinois Eastern Division, Case No. 13 C 7733, May 5, 2017. Hired by Patterson Law Firm for the defense. Case: Relator
- **Deposition (Evidence): Usual, Customary and Reasonable Fee Analysis and Focused Expense Analyses**, Scott Clark vs. Allan E. Feldman, Circuit Court of Cook County, Case No. 15 L 7592, May 2, 2017. Hired by Christopher Cronson, P.C. for the plaintiff. Case: MVA/bicycle accident
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Joseph Scherer, Independent Executor of the Estate of Cliff Scherer, Deceased vs. Andrew Kramer, M.D., et al, Circuit Court of Kane County, Case No. 2016 L 446, April 18, 2017. Hired by Cogan & Power, P.C. for the plaintiff. Case: Medical Negligence/Wrongful Death
- **Arbitration: Usual, Customary and Reasonable Fee Analysis**, Louis Reposh vs. Cincinnati Insurance Company, April 17, 2017. Hired by LaBarge, Campbell & Lyon, LLC for the defense. Case: MVA
- **Deposition (Evidence): Usual, Customary and Reasonable Fee Analysis**, Larry R. Rausch vs. Phyllis A. Malan, Circuit Court of Marion County, Case No. 14 L 22, April 14, 2017. Hired by SmithAmundsen, LLC for the defense. Case: MVA/motorcycle accident
- **Trial: Usual, Customary and Reasonable Fee Analysis**, Anas Jabiri vs. Michael T. Grunde, and Timothy Grunde, Circuit Court of Cook County, Case No. 15 L 002516, April 6, 2017. Hired by Stellato & Schwartz for the defense. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Marcus Ford and Ronelle Ford vs. James D. Schlenker, M.D., et al, Circuit Court of Cook County, Case No. 2013 L 007654, March 24, 2017. Hired by Burke Wise Morrissey & Kaveny, LLC for the plaintiff. Case: Medical Malpractice.
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Dustin C. Knapp vs. Scott E. Huels, et al, Circuit Court of St. Clair County, Case No. 14-L-362, March 6, 2017. Hired by Freeark, Harvey & Mendillo, P.C. for the defense. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Jimmy Broglin and Judy Broglin vs. Delnor-Community Hospital, et al, Circuit Court of Kane County, Case No. 12 L 273, February 17, 2017. Hired by Cunningham Meyer & Vedrine, P.C. for the defense. Case: Medical Negligence/Wrongful Death
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Jasjeet Kaur vs Christopher Santucci, Circuit Court of Cook County, Case No. 15 L 1791, February 10, 2017. Hired by Stellato & Schwartz for the defense. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Alonzo Green vs. Rufus Pearce, et al, Circuit Court of Cook County, Case No. 14 L 4705, February 6, 2017. Hired by Stellato & Schwartz for the defense. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Anas Jabiri vs. Michael T. Grunde, and Timothy Grunde, Circuit Court of Cook County, Case No. 15 L 002516, January 30, 2017. Hired by Stellato & Schwartz for the defense. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Alejandro Flores vs. Joyce Wright, a/k/a Hacy Wright, Circuit Court of Lake County, January 26, 2017. Hired by Dudley & Lake, LLC for the plaintiff. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Louis Reposh vs. Cincinnati Insurance Company, January 23, 2017. Hired by LaBarge, Campbell & Lyon, LLC for the defense. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Thomas Apperson and Kathy Apperson vs. Elettric 80, Inc., et al, Circuit Court of Cook County, Case No. 2013 L 2911, January 13, 2017. Hired by

Rebecca M.S. Busch

President and CEO Medical Business Associates, Inc.

Scanlan Law Group for the plaintiff. Case: P.I. associated with a work related injury.

- **Deposition (Discovery): Focused Expense Analysis**, Judith Felix vs. Syed Z. Aleem, Rosalind Bowden, and Ronald P. Bowden, Jr., Circuit Court of Cook County, Case No. 2014-L-011127, December 28, 2016. Hired by Ridge and Downes, P.C. for the plaintiff. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee and Focused Expense Analyses**, Lisa C.M. Post vs. Nowak Marcin, Northern District of Illinois Eastern Division, Case No. 2015 CV 0689, December 20, 2016. Hired by Kulwin Masciopinto & Kulwin, LLP for the plaintiff. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Nataliya Govdyak vs. John Lillie, Circuit Court of Cook County, Case No. 2015 L 010863, December 16, 2016. Hired by Stellato & Schwartz, Ltd. for the defense. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Eric Schmelling vs. Genuine Parts Company; and Brandon Houston Circuit Court of Cook County, Case No. 2015 L 717 A November 30, 2016. Hired by Corboy & Demetrio, P.C. for the plaintiff. Case: MVA/Pedestrian Accident
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis and Life Care Plan Analysis**, Gabriella Heredia vs. Vivek Mishra, MD, Sudheer Paruchuri, MD, Affiliated Radiologists, S.C., and Rush University Medical Center, Circuit Court of Cook County, Case No. 2010 L 014520, October 12, 2016. Hired by Dennis T. Schoen, P.C. for the plaintiff. Case: Medical Negligence
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Tanya Miari vs. Windy City Limousine Company, LLC et al, Circuit Court of Cook County, Case No. 2014 L 6730, September 27, 2016. Hired by Nemeroff Law Offices, Ltd. for the plaintiff. Case: MVA/Pedestrian Accident
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Maria Roseli Johnson vs. Ursula Studzinska and Laidlaw Transit, Inc., et al, Circuit Court of Cook County, Case No. 2011 L 1740, August 18, 2016. Hired by Newland & Newland, LLP for the plaintiff. Case: MVA
- **Hearing: Usual, Customary and Reasonable Fee Analysis**, Illinois Neurospine Institute, P.C. vs. Jurkowska, Stanisława, Circuit Court of Cook County, Case No. 2014 L 000028, August 11, 2016. Hired by Nemeroff Law Offices, Ltd. for the defense. Case: MVA
- **Hearing: Usual, Customary and Reasonable Fee Analysis**, Mohammad M. Abufare vs. JNF Trucking Co. et al, Circuit Court of Cook County, Case No. 2011 L 13456, August 9, 2016. Hired by Robins and Associates, Ltd. for the plaintiff. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Julio C. Valencia Villasana vs. Ethan Del Stone et al, Circuit Court of Cook County, Case No. 2014 L 3907, May 24, 2016. Hired by Jendryk, Farmans, Hamer & Begley, LLC for the defense. Case: MVA/Pedestrian Accident
- **Trial: Usual, Customary and Reasonable Fee Analysis and Life Expense Analysis**, Lorraine Pattullo-Banks and George Banks vs. Rand E. Gerald; City of Park Ridge, Circuit Court of Cook County, Case No. 2015 L 002925, May 5, 2016. Hired by Canel, King, & Jones for the plaintiff. Case: MVA/Pedestrian Accident
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Mohammad M. Abufare vs. JNF Trucking Co. et al, Circuit Court of Cook County, Case No. 2011 L 13456, April 19, 2016. Hired by Robins and Associates, Ltd. for the plaintiff. Case: MVA
- **Trial: Life Expense Analysis**, Joseph LeSanche vs. Adam Troy, et al, Circuit Court of Cook County, Case No. 2012 L 012470, April 18, 2016. Hired by Barrett & Sramek for the plaintiff. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Cameron Hansen vs. Stone Mountain Access Systems, Circuit Court of Cook County, Case No. 2012 L 002305, April 5, 2016. Hired by Salvato and O'Toole, LLC for the plaintiff. Case: P.I. associated with a work related injury.
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis and Life Expense Analysis**, Lorraine Pattullo-Banks and George Banks vs. Rand E. Gerald; City of Park Ridge, Circuit Court of Cook County, Case No. 2015 L 002925, March 29, 2016. Hired by Canel, King, & Jones for the plaintiff. Case: MVA/Pedestrian Accident
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, Mendy and Charles Blake vs. Colfax Corp., Circuit Court of Cook County, Case No. 2013 L 5108, February 22, 2016. Hired by Corboy & Demetrio, P.C. for the plaintiff. Case: MVA
- **Deposition (Discovery): Usual, Customary and Reasonable Fee Analysis**, José Serrano vs. Christopher Hudson, Circuit Court of Cook County, Case No. 2013 L 011169, February 18, 2016. Hired by Salvato and O'Toole, LLC for the plaintiff. Case: MVA
- **Trial: Usual, Customary and Reasonable Fee Analysis**, Brian Dore vs. Jennifer Sardone, MD, et al, Circuit Court of Cook County, Case No. 13 L 000936, January 27, 2016. Hired by Motherway & Napleton, LLP for the plaintiff. Case: Medical Negligence

Rebecca M.S. Busch

President and CEO Medical Business Associates, Inc.

- **Deposition (Discovery): Focused Expense Analysis**, Gracia G. O'Mara vs. Pasquale Capozzi, Circuit Court of Cook County, Case No. 2013 L 006721, January 15, 2016. Continued from November 13, 2015. Hired by Pullano Law Office, P.C. for the plaintiff. Case: MVA
- **Deposition (Discovery): Life Expense Analysis**, Joseph LeSanche vs. Adam Troy, et al, Circuit Court of Cook County, Case No. 2012 L 012470, January 8, 2016. Hired by Barrett & Stamek for the plaintiff. Case: MVA